

US009451897B2

(12) United States Patent

Mazar et al.

(54) BODY ADHERENT PATCH WITH ELECTRONICS FOR PHYSIOLOGIC MONITORING

(75) Inventors: Scott T. Mazar, Woodbury, MN (US);

Senthil Swaminathan, Saint Paul, MN (US); Jonathan Engel, Minneapolis, MN (US); Arthur Lai, Minnetonka,

MN (US)

(73) Assignee: Medtronic Monitoring, Inc., San Jose,

CA (US)

(*) Notice: Subject to any disclaimer, the term of this

patent is extended or adjusted under 35

U.S.C. 154(b) by 604 days.

(21) Appl. No.: 12/958,910

(22) Filed: Dec. 2, 2010

(65) Prior Publication Data

US 2011/0144470 A1 Jun. 16, 2011

Related U.S. Application Data

(60) Provisional application No. 61/286,075, filed on Dec. 14, 2009.

(Continued)

(51) Int. Cl.

A61B 5/04 (2006.01)

A61B 5/0408 (2006.01)

(52) **U.S. Cl.**

CPC A61B 5/04087 (2013.01); A61B 5/04085 (2013.01); A61B 5/04325 (2013.01); A61B 5/6833 (2013.01); A61B 5/0006 (2013.01); A61B 2560/0412 (2013.01); Y10T 29/49117 (2015.01)

(58) Field of Classification Search

 (10) Patent No.: US 9,451,897 B2

(45) **Date of Patent:** Sep. 27, 2016

USPC 600/372, 382, 384, 386, 390–393, 600/508–509

See application file for complete search history.

(56) References Cited

U.S. PATENT DOCUMENTS

834,261 A 10/1906 Chambers 2,087,124 A 7/1937 Smith et al.

(Continued)

FOREIGN PATENT DOCUMENTS

WO WO 00/79255 A1 12/2000 WO WO 02/092101 A1 11/2002

(Continued) OTHER PUBLICATIONS

"Acute Decompensated Heart Failure" —Wikipedia Entry, downloaded from: http://en.wikipedia.org/wiki/Acute_decompensated_heart_failure, entry page created in 2008, 6 pages total.

(Continued)

Primary Examiner — Joseph Stoklosa

Assistant Examiner — Brian M Antiskay

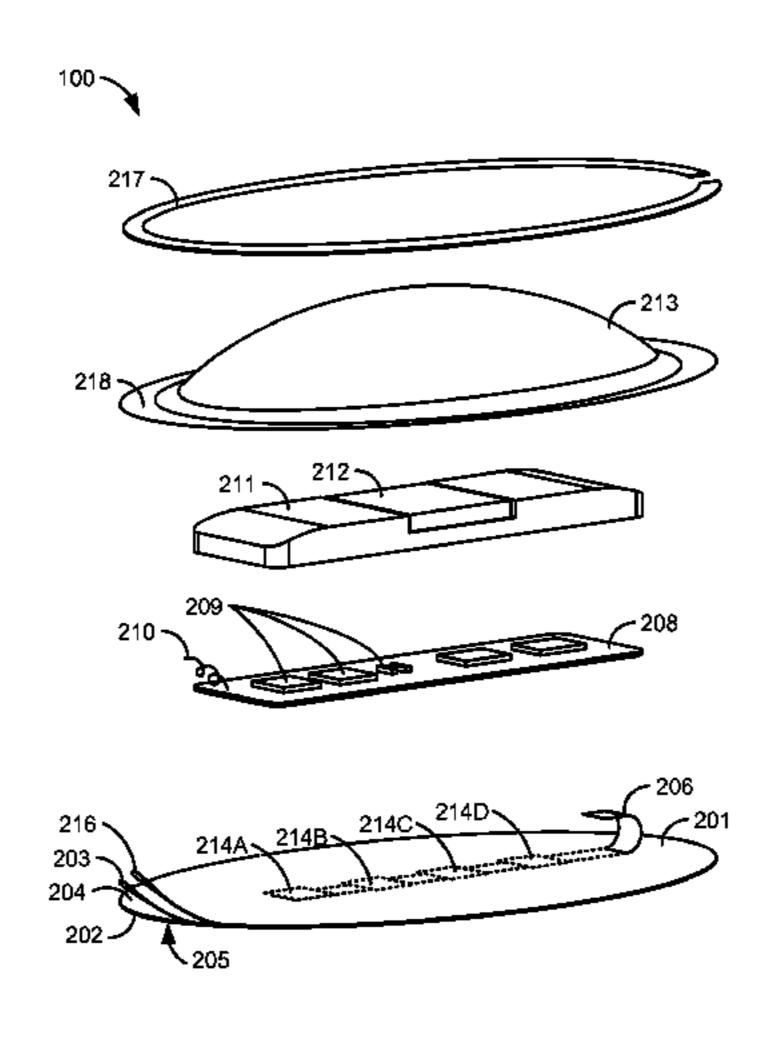
(74) Attorney, Agent, or Firm — Billion & Armitage;

Michael A. Collins

(57) ABSTRACT

In one configuration, an adherent device to adhere to a skin of a subject includes a stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere the base layer to the skin of the subject. The base layer has at least two openings extending therethrough, each of the at least two openings having a size. The adherent device also includes a stretchable covering layer positioned above and adhered to the base layer with an adhesive to define at least two pockets. The adherent device also includes at least two gels, each gel having a size larger than the size of openings to retain the gel substantially within the pocket, and a circuit carrier supported with the stretchable base layer to measure at least one physiologic signal of the subject. Other configurations and methods are also claimed.

21 Claims, 7 Drawing Sheets



(51)	T4 (C)			5.22	6 417	. 7	/1002	Cress dlarer et el
(51)	Int. Cl.		(200 (01)	,	6,417 <i>A</i> 1,300 <i>A</i>			Swedlow et al. Buschmann
	A61B 5/0432		(2006.01)	,	7,627			Rapoport
	A61B 5/00		(2006.01)	,	1,411 A			Ripley et al.
				,	(3,532)			Niezink et al.
(56)		Referen	ces Cited	•	32,840 <i>A</i> 91,013 <i>A</i>			Hudrlik Nafarrate et al.
	II C D	ATENIT	DOCUMENTS	· · · · · · · · · · · · · · · · · · ·	7,556			Shankar
	U.S. F	AIENI	DOCUMENTS	_ ′	1,677			Hsung
	2,184,511 A	12/1939	Bagno et al.	•	9,363 A			Welch et al.
	3,170,459 A		_	,	1,966 A			Bennett et al.
	3,232,291 A	2/1966		,	5,664 A 3,869 A			Nagashima Pross et al.
	/ /	2/1968		,	3,793 A			Bornn
	3,517,999 A 3,620,216 A		Weaver Szymanski	5,36	52,069 A	A 11.	/1994	Hall-Tipping
	3,677,260 A		Funfstuck et al.	,	5,604 A			Kelly et al.
	3,805,769 A	4/1974	Sessions	/	6,945 <i>A</i> 1,530 <i>A</i>			Riazzi et al. Akhtar
	,	11/1974	•	,	7,285			Verrier et al.
	3,874,368 A 3,882,853 A		Asrican Gofman et al.	,	3,073 A			Wang et al.
	3,942,517 A		Bowles et al.	,	9,000 A			Libke et al.
	3,972,329 A		Kaufman	,	0.845 A			Axelgaard
	4,008,712 A		Nyboer	,	4,377 <i>E</i> 4,012 <i>E</i>			Dzwonczyk et al. Falcone
	4,024,312 A		Korpman	,	59,859			Tsoglin et al.
	4,077,406 A 4 102 331 A *		Sandhage et al. Grayzel et al 600/385	r	2,036 A			Diab et al.
	4,121,573 A		•	· · · · · · · · · · · · · · · · · · ·	3,157 A			Sramek
	/ /		Cross, Jr. et al.	,	1,548 A			Riazzi et al.
	RE30,101 E		Kubicek et al.	· · · · · · · · · · · · · · · · · · ·	1,553 A 8,001 A			Segalowitz Snell
	4,185,621 A		Morrow McGrath at al	,	3,742			Simkins et al.
	, ,	8/1980 11/1981	McGrath et al. Wilson	/	9,072			Sramek
	, ,		Watson et al.	,	4,661 A			Davis et al.
	, ,		Lawrence	· · · · · · · · · · · · · · · · · · ·	8,638 A			Evers et al.
	, ,	10/1983		,	60,368 <i>A</i> 54,429 <i>A</i>			Berger Bornn et al.
	, ,	5/1984		,	4,434 A			Halperin et al.
	4,451,254 A 4,478,223 A		Dinius et al.	5,56	6,671 A	A 10.	/1996	Lyons
	4,498,479 A		Martio et al.	,	5,284 A			Athan et al.
	4,522,211 A		Bare et al.	,	7,454 A			Cameron et al.
	4,661,103 A		Harman	,	2,272 <i>A</i> 4,468 <i>A</i>			Diab et al. Platt et al.
	4,664,129 A		Helzel et al.		2,734			Ruben et al.
	4,669,480 A 4,673,387 A		Hoffman Phillips et al.	5,67	3,704 A	A 10.	/1997	Marchlinski et al.
	4,674,511 A		Cartmell	,	8,562 A			Sellers
	4,681,118 A	7/1987	Asai et al.	/	87,717 <i>A</i> 8,234 <i>A</i>			Halpern et al. Warden et al.
	4,692,685 A	9/1987		· · · · · · · · · · · · · · · · · · ·	4.025			Tavori
	4,699,146 A 4,721,110 A		Sieverding Lampadius	,	8,107 A			Martinsen et al.
	4,730,611 A	3/1988	-	,	8,103 A			Flach et al.
	/ /	11/1988		,	57,791 A			Stoop et al.
	, ,	12/1988		•	9,793 A 2,508 A			Pincus et al. Sugita et al.
	4,838,273 A		Cartmell	,	2,586 A			Heinonen et al.
	4,838,279 A 4,850,370 A	6/1989 7/1989		,	8,882 A			Raymond et al.
	, ,		Baker, Jr. et al.	,	88,643 A			Feldman
	4,895,163 A		Libke et al.	<i>'</i>	3,915 A 7,272 A		/1998 /1998	Kremenchugsky et al.
	4,911,175 A		Shizgal Veretzehmen et el		4.079			Kieval et al.
	4,945,916 A 4,955,381 A		Kretschmer et al. Way et al.	· · · · · · · · · · · · · · · · · · ·	7,035 A			Sullivan
	, ,		Honma et al.	,	3,603 A			Kovacs et al.
	4,981,139 A	1/1991		,	6,990 A		/1998	
	4,988,335 A		Prindle et al.	/	5,614 A 50,860 A			Stevens et al. Clayman
	4,989,612 A			,	52,802 A		/1999	
	5,001,632 A 5,012,810 A		Hall-Tipping Strand et al.	,	52,803 A			Besson et al.
	5,025,791 A	6/1991	_	,	55,733 A			Malinouskas et al.
	5,027,824 A	7/1991	Dougherty et al.	_ ′	6,353 A 4,708 A		/1999 /1000	Kiff Goedeke
	5,050,612 A		Matsumura	,	5,079 A			Swanson et al.
			Ezenwa et al.	,	1,831			Turcott
	5,080,099 A 5,083,563 A		Way et al. Collins	,	4,659 A			Flach et al.
	5,086,781 A		Bookspan	′	9,636 A			Johnson et al.
	5,113,869 A	5/1992	Nappholz et al.	,	7,854 A			Besson et al.
	5,125,412 A		Thornton	,	7,861 A			Combs et al.
	5,133,355 A		Strand et al.	/	64,703 A 70,986 A			Goodman et al. Bolz et al.
	5,140,985 A 5,150,708 A	8/1992 9/1992	Schroeder et al. Brooks	,	0,980 A 34,102 A		/1999	
	5,168,874 A			•	•			Klein et al.
	, , , 		_	- , - 0	, - - ·			

(56)	References Cited			B2 B1		West et al. Owen et al.
J	J.S. PATENT	DOCUMENTS	6,546,285 6,551,251	B2	4/2003	Zuckerwar et al.
			6,551,252			Sackner et al.
6,007,532		Netherly	6,569,160 6,572,557			Goldin et al. Tchou et al.
6,027,523 $6,045,513$ 6		Schmieding Stone et al.	6,572,636			Hagen et al.
6,047,203		Sackner et al.	6,577,139			Cooper
6,047,259		Campbell et al.	6,577,893 6,577,897			Besson et al. Shurubura et al.
6,049,730 $6,050,267$ 6		Kristbjarnarson Nardella et al.	6,579,231		6/2003	
6,050,951		Friedman et al.	6,580,942	B1	6/2003	Willshire
6,052,615		Feild et al.	6,584,343 6,587,715		6/2003 7/2003	Ransbury et al.
6,080,106 $6,081,735$ 6		Lloyd et al. Diab et al.	6,589,170			Flach et al.
6,095,991		Krausman et al.	6,595,927		7/2003	Pitts-Crick et al.
6,102,856		Groff et al.	6,595,929			Stivoric et al.
6,104,949 <i>a</i> 6,112,224 <i>a</i>		Pitts Crick et al. Peifer et al.	6,600,949 6,602,201			Turcott Hepp et al.
6,112,224 $6,117,077$ $6,117,077$		Del Mar et al.	6,605,038			Teller et al.
6,125,297	A 9/2000	Siconolfi	6,611,705			Hopman et al.
6,129,744 <i>a</i>			6,611,783 6,616,606			Kelly et al. Petersen et al.
6,141,575 <i>a</i> 6,144,878 <i>a</i>		Schroeppel et al.	6,622,042			Thacker
6,164,284	A 12/2000	Schulman et al.	6,636,754			Baura et al.
6,181,963		Chin et al 604/20	6,641,542 6,643,541			Cho et al. Mok et al.
6,185,452 I 6,190,313 I		Schulman et al. Hinkle	6,645,153			Kroll et al.
6,190,324		Kieval et al.	6,649,829			Garber et al.
6,198,394		Jacobsen et al.	6,650,917 6,658,300			Diab et al. Govari et al.
6,198,955 I 6,208,894 I		Axelgaard et al 600/391 Schulman et al.	6,659,947			Carter et al.
6,212,427		Hoover	6,659,949			Lang et al.
6,213,942		Flach et al.	6,687,540 6,697,658			Marcovecchio
6,225,901 I 6,245,021 I		Kail, IV Stampfer	RE38,476		2/2004 3/2004	Diab et al.
6,259,939		±	6,699,200		3/2004	Cao et al.
6,272,377	B1 8/2001	Sweeney et al.	6,701,271			Willner et al.
6,277,078		Porat et al.	6,714,813 RE38,492			Ishigooka et al. Diab et al.
6,287,252 I 6,289,238 I		Besson et al.	6,721,594			Conley et al.
6,290,646		Cosentino et al.	6,728,572			Hsu et al.
6,295,466		Ishikawa et al.	6,748,269 6,749,566		6/2004 6/2004	Thompson et al.
6,305,943 I 6,306,088 I		Pougatchev et al. Krausman et al.	6,751,498			Greenberg et al.
6,308,094		Shusterman et al.	6,760,617			Ward et al.
6,312,378			6,773,396 6,775,566		8/2004 8/2004	Flach et al.
6,315,721 I 6,327,487 I		Schulman et al. Stratbucker	6,790,178			Mault et al.
6,336,903			6,795,722			Sheraton et al.
6,339,722		Heethaar et al.	6,814,706 6,816,744			Barton et al. Garfield et al.
6,343,140 I 6,347,245 I		Brooks Lee et al.	6,821,249			Casscells, III et al.
6,358,208		Lang et al.	6,824,515			Suorsa et al.
6,385,473		Haines et al.	6,827,690 6,829,503		12/2004 12/2004	. •
6,398,727 I 6,400,982 I		Bui et al. Sweeney et al.	6,858,006			MacCarter et al.
6,411,853		Millot et al.	6,871,211			Labounty et al.
6,416,471		Kumar et al.	6,878,121 6,879,850			Krausman et al. Kimball
6,442,422 I 6,450,820 I		Duckert Palsson et al.	6,881,191			Oakley et al.
6,450,953		Place et al.	6,887,201		5/2005	Bardy
6,453,186		Lovejoy et al.	6,890,096 6,893,396			Tokita et al. Schulze et al.
6,454,707 I 6,454,708 I		Casscells, III et al. Ferguson et al.	6,894,204			Dunshee
6,459,930		Takehara et al.	6,906,530	B2	6/2005	Geisel
6,463,328 1	B1 10/2002	John	6,912,414		6/2005	~
6,473,640 I		Erlebacher	6,936,006 6,940,403		8/2005 9/2005	Kail, IV
6,480,733 I 6,480,734 I		Zhang et al.	6,942,622		9/2005	,
6,485,461	B1 11/2002	Mason et al.	6,952,695			Trinks et al.
6,490,478 I		Zhang et al.	6,970,742			Mann et al.
6,491,647] 6,494,829]		Bridger et al. New, Jr. et al.	6,972,683 6,978,177			Lestienne et al. Chen et al.
6,512,949		Combs et al.	6,980,851			Zhu et al.
6,520,967	B1 2/2003	Cauthen	6,980,852	B2	12/2005	Jersey-Willuhn et al.
6,527,711		Stivoric et al.	, ,			Suzuki et al.
6,527,729 I 6,544,173 I	B1 3/2003 B2 4/2003	Turcott West et al.	6,987,965 6,988,989			Ng et al. Weiner et al.
V, U 1 1, 1 1 J	1/2003		0,200,202	_	1,200	WE WAT

(56) References Cited			2002/0138017			Bui et al.	
	U.S.	PATENT	DOCUMENTS	2002/0167389 2002/0180605	A 1	12/2002	Uchikoba et al. Ozguz et al.
6 002 278	D D 1	1/2006	Wiederhold et al.	2002/0182485 2003/0023184			Anderson et al. Pitts-Crick et al.
6,993,378 6,997,879			Turcott	2003/0028221	A 1		Zhu et al.
7,003,346		2/2006	Singer	2003/0028327			Brunner et al.
7,018,338			Vetter et al.	2003/0051144 2003/0055460			Williams Owen et al.
7,020,508 7,027,862			Stivoric et al. Dahl et al.	2003/0069510			Semler
7,041,062			Friedrichs et al.	2003/0083581			Taha et al.
7,044,911			Drinan et al.	2003/0085717 2003/0087244			Cooper McCarthy
7,047,067 7,050,846			Gray et al. Sweeney et al.	2003/0092975			Casscells, III et al.
7,054,679		5/2006		2003/0093125			Zhu et al.
7,059,767			Tokita et al.	2003/0093298 2003/0100367			Hernandez et al. Cooke
7,088,242 $7,113,826$			Aupperle et al. Henry et al.	2003/0135127			Sackner et al.
7,118,531		10/2006	- · · · •	2003/0143544			McCarthy
7,127,370			Kelly, Jr. et al.	2003/0149349 2003/0187370		8/2003	Jensen Kodama
7,129,836 7,130,396			Lawson et al. Rogers et al.	2003/018/3/0			Zhu et al.
7,130,530			Parsonnet et al.	2003/0212319		11/2003	$\mathbf{\mathcal{E}}$
7,133,716			Kraemer et al.	2003/0221687 2003/0233129		12/2003 12/2003	~
7,136,697 7,136,703		11/2006	Singer Cappa et al.	2003/0233129			Arad (Abboud)
7,142,907			Xue et al.	2004/0010303	A1	1/2004	Bolea et al.
7,149,574			Yun et al.	2004/0015058			Besson et al.
7,149,773 7,153,262			Haller et al. Stivoric et al.	2004/0019292 2004/0044293			Drinan et al. Burton
7,155,202			Carter et al.	2004/0049132			Barron et al.
7,156,808	3 B2	1/2007	Quy	2004/0073094		4/2004	
7,160,252			Cho et al.	2004/0073126 2004/0077954			Rowlandson Oakley et al.
7,160,253 7,166,063		1/2007 1/2007	Rahman et al.	2004/0100376			Lye et al.
7,167,743	B B2		Heruth et al.	2004/0102683			Khanuja et al.
7,184,821			Belalcazar et al.	2004/0106951 2004/0127790			Edman et al. Lang et al.
7,191,000 $7,194,306$			Zhu et al. Turcott	2004/0133079			Mazar et al.
7,206,630	B1*		Tarler 600/509	2004/0133081			Teller et al.
7,212,849			Zhang et al.	2004/0134496 2004/0143170			Cho et al. DuRousseau
7,215,984 7,215,991			Diab et al. Besson et al.	2004/0147969			Mann et al.
7,238,159		7/2007	Banet et al.	2004/0152956			Korman
7,248,916		7/2007		2004/0158132 2004/0167389			Zaleski Brabrand
7,251,524 7,257,438		8/2007	Hepp et al. Kinast	2004/0172080			Stadler et al.
7,261,690	B2	8/2007	Teller et al.	2004/0199056			Husemann et al.
7,277,741			Debreczeny et al.	2004/0215240 2004/0220639			Lovett et al. Mulligan et al.
7,284,904 7,285,090			Tokita et al. Stivoric et al.	2004/0225199	A1	11/2004	Evanyk et al.
7,294,105	5 B1	11/2007	Islam	2004/0225203			Jemison et al.
7,295,879			Denker et al.	2004/0243018 2004/0267142		12/2004	Organ et al. Paul
7,297,119 7,319,386			Westbrook et al. Collins, Jr. et al.	2005/0004506		1/2005	
7,336,187	7 B2	2/2008	Hubbard, Jr. et al.	2005/0015094		1/2005	
7,346,380 7,382,247			Axelgaard et al. Welch et al.	2005/0015095 2005/0020935		1/2005 1/2005	Helzel et al.
7,382,247			Weiner et al.	2005/0027175	A 1	2/2005	Yang
7,395,106			Ryu et al.	2005/0027204			Kligfield et al.
7,423,526 7,423,537			Despotis Bonnet et al.	2005/0027207 2005/0027918			Westbrook et al. Govindarajulu et al.
7,443,302			Reeder et al.	2005/0043675	A 1	2/2005	Pastore et al.
7,450,024			Wildman et al.	2005/0054944 2005/0065445			Nakada et al.
7,468,032 8,249,686			Stahmann et al. Libbus et al.	2005/0065443		3/2005	Arzbaecher et al. Imran
8,285,356			Bly et al.	2005/0070768	A 1		Zhu et al.
2001/0047127		11/2001	New, Jr. et al.	2005/0070778			Lackey et al.
2002/0004640 2002/0019588			Conn et al. Marro et al.	2005/0080346 2005/0080460			Gianchandani et al. Wang et al.
2002/0019386			Takehara et al.	2005/0080463			Stahmann et al.
2002/0028989) A1	3/2002	Pelletier et al.	2005/0085734			Tehrani
2002/0032581 2002/0045836			Reitberg Alkawwas	2005/0091338 2005/0096513			de la Huerga Ozguz et al.
2002/0043836		7/2002		2005/0090313			Farringdon et al.
2002/0099277			Harry et al.	2005/0124878		6/2005	Sharony
2002/0116009			Fraser et al.	2005/0124901		6/2005	Misczynski et al.
2002/0123672			Christophersom et al.	2005/0124908			Belalcazar et al.
2002/0123674	t Al	9/2002	Plicchi et al.	2005/0131288	Al	0/2003	Turner et al.

(56)	Referer	ices Cited	2006/0195020 A1		Martin et al.
TIC	DATENIT	DOCUMENTS	2006/0195039 A1 2006/0195097 A1		Drew et al. Evans et al.
۵.۵	o. FAILINI	DOCUMENTS	2006/0195097 AT 2006/0195144 A1		Giftakis et al.
2005/0137464 A1	6/2005	Bomba	2006/0202816 A1		Crump et al.
2005/0137101 A1 2005/0137626 A1		Pastore et al.	2006/0212097 A1		Varadan et al.
2005/0148895 A1		Misczynski et al.	2006/0224051 A1		Teller et al.
2005/0158539 A1	7/2005	Murphy et al.	2006/0224072 A1*		Shennib 600/509
2005/0177038 A1		Kolpin et al.	2006/0224079 A1 2006/0235281 A1		Washchuk Tuccillo
2005/0187482 A1		O'Brien et al.			Ungless et al.
2005/0187796 A1 2005/0192488 A1		Rosenfeld et al. Bryenton et al.	2006/0235489 A1		•
2005/0192466 A1		Edman et al.	2006/0241641 A1	10/2006	Albans et al.
2005/0203433 A1		Singer	2006/0241701 A1		Markowitz et al.
2005/0203435 A1		Nakada			Thacker et al.
2005/0203637 A1		Edman et al.	2006/0247545 A1 2006/0252999 A1		Devaul et al.
2005/0206518 A1 2005/0215914 A1		Welch et al. Bornzin et al.			Drinan et al.
2005/0215914 A1 2005/0215918 A1		Frantz et al.	2006/0253044 A1	11/2006	Zhang et al.
2005/0228234 A1			2006/0258952 A1		
2005/0228244 A1			2006/0264730 A1		
2005/0239493 A1		Batkin et al.	2006/0264767 A1 2006/0264776 A1		
2005/0240087 A1		Keenan et al.			Stahmann et al.
2005/0251004 A1 2005/0251044 A1		Istvan et al 600/395 Hoctor et al	2006/0276714 A1		
2005/0256418 A1		Mietus et al.	2006/0281981 A1		
2005/0261598 A1	11/2005	Banet et al.	2006/0281996 A1		
2005/0261743 A1			2006/0293571 A1 2006/0293609 A1		
		Marossero et al.	2000/0293009 A1 2007/0010721 A1		
2005/0267377 A1 2005/0267381 A1			2007/0010750 A1		Ueno et al.
		Bystrom et al.	2007/0015973 A1		Nanikashvili
		Shennib 600/511	2007/0015976 A1		Miesel et al.
2005/0277842 A1			2007/0016089 A1 2007/0021678 A1		Fischell et al. Beck et al.
2005/0277992 A1 2005/0280531 A1			2007/0021790 A1		Kieval et al.
2005/0283197 A1			2007/0021792 A1		Kieval et al.
2005/0288601 A1			2007/0021794 A1		
2006/0004300 A1		Kennedy	2007/0021796 A1 2007/0021797 A1		Kieval et al. Kieval et al.
2006/0004377 A1 2006/0009697 A1		Keller Banet et al.	2007/0021797 A1		Kieval et al.
2006/0009097 A1 2006/0009701 A1		Nissila et al.	2007/0021799 A1		Kieval et al.
2006/0010090 A1		Brockway et al.	2007/0027388 A1	2/2007	
2006/0020218 A1		Freeman et al.	2007/0027497 A1 2007/0038038 A1	2/2007	Parnis Stivoric et al.
2006/0025661 A1 2006/0030781 A1		Sweeney et al. Shennib	2007/0038038 A1 2007/0038078 A1		Osadchy
2006/0030781 A1 2006/0030782 A1		Shennib	2007/0038255 A1		Kieval et al.
2006/0031102 A1		Teller et al.	2007/0038262 A1		Kieval et al.
2006/0041280 A1		Stahmann et al.	2007/0043301 A1		Martinsen et al.
2006/0047215 A1		Newman et al.	2007/0043303 A1 2007/0048224 A1		Osypka et al. Howell et al.
2006/0052678 A1 2006/0058543 A1		Drinan et al. Walter et al.	2007/0060800 A1		Drinan et al.
2006/0058593 A1		Drinan et al.	2007/0060802 A1		Ghevondian et al.
2006/0064030 A1		Cosentino et al.	2007/0073132 A1	3/2007	
2006/0064040 A1		Berger et al.	2007/0073168 A1 2007/0073181 A1		Zhang et al. Pu et al.
2006/0064142 A1 2006/0066449 A1		Chavan et al. Johnson	2007/0073361 A1		Goren et al.
2006/0074283 A1		Henderson et al.	2007/0082189 A1	4/2007	Gillette
2006/0074462 A1	4/2006	Verhoef	2007/0083092 A1		Rippo et al.
2006/0075257 A1		Martis et al.	2007/0092862 A1 2007/0104840 A1		Gerber Singer
2006/0084881 A1 2006/0085049 A1		Korzinov et al. Cory et al.	2007/0104040 A1		Elhag et al.
2006/0089679 A1		Zhu et al.	2007/0106137 A1		Baker, Jr. et al.
2006/0094948 A1		Gough et al.	2007/0106167 A1		Kinast
2006/0102476 A1		Niwa et al.	2007/0118039 A1 2007/0123756 A1		Bodecker et al. Kitajima et al.
2006/0116592 A1 2006/0122474 A1		Zhou et al. Teller et al.	2007/0123730 A1		Raymond et al.
2006/0122474 A1 2006/0142654 A1		Rytky	2007/0123904 A1		Stad et al.
2006/0142820 A1		Von Arx et al.	2007/0129622 A1		Bourget et al.
2006/0149168 A1		Czarnek	2007/0129643 A1		Kwok et al.
2006/0155183 A1		Kroecker et al.	2007/0129769 A1 2007/0142715 A1		Bourget et al. Banet et al.
2006/0155200 A1 2006/0157893 A1			2007/0142713 A1 2007/0142732 A1		Brockway et al.
2006/015/055 711 2006/0161073 A1		Singer	2007/0149282 A1		Lu et al.
2006/0161205 A1		Mitrani et al.	2007/0150008 A1		Jones et al.
2006/0161459 A9		Rosenfeld et al.	2007/0150009 A1		Kveen et al.
2006/0167374 A1		Takehara et al.	2007/0150029 A1		Bourget et al.
2006/0173257 A1 2006/0173269 A1		Nagai et al. Glossop	2007/0162089 A1 2007/0167753 A1		Mosesov Van Wyk et al.
ZUUUFUT IJZUJ AT	5/2000	O. COUCH	2007/010/7 <i>00</i> /111	<i>.,,</i> 2007	· Land I i gas to take

(56)	References Cited					076350 A			Bly et al.	
U.S. PATENT DO			DOCUMENTS			076363 A 076364 A			Bly et al. Libbus et al.	
						076397 A 076401 A			Libbus et al. Mazar et al.	
2007/0167848 2007/0167849			Kuo et al. Zhang et al.			076401 A 076405 A			Amurthur et al.	
2007/0167850	A1	7/2007	Russell et al.			076410 A			Libbus et al.	
2007/0172424 2007/0173705		7/2007 7/2007	Roser Teller et al.			076559 A 132018 A			Libbus et al. DiUbaldi et al.	
2007/0175705			Dong et al.			182204 A			Semler et al.	
2007/0180140 2007/0191723			Welch et al. Prystowsky et al.			234410 A 264792 A			Libbus et al. Mazar	
2007/0191723			Breving		2009/0	292194 A	.1 11	/2009	Libbus et al.	
2007/0208233		9/2007	Kovacs			056881 A 081913 A			Libbus et al. Cross et al.	
2007/0208235 2007/0208262			Besson et al. Kovacs			191310 A			Bly et al.	
2007/0232867	A1	10/2007	Hansmann			245711 A			Katra et al.	
2007/0249946 2007/0250121			Kumar et al. Miesel et al.			270049 A 310070 A			Katra et al. Kumar et al.	
2007/0255121		11/2007								
2007/0255153			Kumar et al.			FORI	EIGN	PATE	NT DOCUMENTS	5
2007/0255184 2007/0255531		11/2007 11/2007			WO	WO 03	3/08208	0 A2	10/2003	
2007/0260133		11/2007	_		WO	WO 2005	5/05116	4 A2	6/2005	
2007/0260155 2007/0260289			Rapoport et al. Giftakis et al.		WO WO	WO 2005 WO 2006			11/2005 1/2006	
2007/0270678			Fadem et al.		WO	WO 2006			9/2006	
2007/0273504 2007/0276273			Tran Watson, Jr		WO	WO 2006			11/2006	
2007/0270273			Wang et al.		WO WO	WO 2007. WO 2007.			4/2007 9/2007	
2007/0299325			Farrell et al.				OTHE	D DIT	DI ICATIONS	
2008/0004499 2008/0004904		1/2008 1/2008				•	OTHE	K PU	BLICATIONS	
2008/0024293	A1	1/2008	Stylos		3M Corp	oration, "	'3M Su	rgical '	Tapes—Choose the C	Correct Tape"
2008/0024294 2008/0039700		1/2008 2/2008	Mazar Drinan et al.		quickshe	et (2004).				
2008/0055700			Banet et al.			•			monitoring heart f	
2008/0059239			Gerst et al.		• •				asc Med. 2006 ;7 Su bedance Converter N	
2008/0091089 2008/0091090			Guillory et al. Guillory et al.					-	A. Retrieved from	
2008/0114220	A1	5/2008	Banet et al.		•	•	•		imported-files/data_s	
2008/0139934 2008/0139953			McMorrow et al. Baker et al.			-			right 2005-2008.	
2008/0135553			LeBoeuf et al.		•		_		re care by invasive l ful?", Journal of Ca	•
2008/0167538 2008/0171918			Teller et al. Teller et al.			2):71 - 73.	551516	or abo	iai., tournar or ca	
2008/0171918			Teller et al.			•			onomic assessment in	-
2008/0171929			Katims		• •				ostic value of heart ra diac resynchronizati	•
2008/0183052 2008/0200774		8/2008	Teller et al. Luo			on. 2004;1	-		•	on device,
2008/0214903	A1		Orbach					_	ventricular hemodyna	mics in heart
2008/0221399 2008/0221402			Zhou et al. Despotis		•			,)3; 41:565-57.	atmiatima and
2008/0224852			Dicks et al.			•	_		onitoring into the infra ev Cardiovasc Med. 2	
2008/0228084 2008/0287751			Bedard et al. Stivoric et al.		1:42-6.		1	,		,
2008/0287751			Stroetz et al.			- <u>-</u>		_	from the Adhere R	~ .
2008/0287769	A1*	11/2008	Kurzweil			·	-		"," 2005, 70 pages tot Information Technol	
2008/0294019	A 1	11/2008	Tran	600/388			•		of Care," Jun. 2005, 2	
2008/0294020			Sapounas		_	ŕ	•	-	sated heart failure: op	-
2008/0318681 2008/0319279			Rofougaran et al. Ramsay et al.		-	care and asc Med. 2			the emergency depa 4:S3-9.	riment, Rev
2009/0005016	A1		Eng et al.				-		ent heart failure hos	spitalization,"
2009/0018410 2009/0018456		1/2009 1/2009	Coene et al.					-	3(3):136-42.	
2009/0018430			Magar et al.			n Heart As date," 200		,	eart Disease and Strok	e Statistics—
2009/0062670			Sterling et al.		-	•	· •	. •	eart Disease and Strok	e Statistics—
2009/0073991 2009/0076336			Landrum et al. Mazar et al.		2007 U	odate. A l	Report	From	the American Hear	Association
2009/0076340	A1	3/2009	Libbus et al.			s Committe 907; 115;e6			Statistics Subcomm	ittee," Circu-
2009/0076341 2009/0076342			James et al. Amurthur et al.			, ,			lung edema using th	e pacemaker
2009/0076343			James et al.		pulse and	d skin elec	ctrodes	," Phys	siol. Meas. 2005; 26:	S153-S163.
2009/0076344			Libbus et al.		ŕ	-		-	table devices for cont	
2009/0076345 2009/0076346			Manicka et al. James et al.		•	omtoring (" PACE Ju			nodynamic values in 573-584.	neart faiture
2009/0076348	A 1	3/2009	Manicka et al.		Bourge,	"Case stud	dies in	advan	ced monitoring with	
2009/0076349	A 1	3/2009	Libbus et al		device."	Rev Cardi	iovasc	Med 2	2006:7 Suppl 1:S56-	61.

2009/0076349 A1

3/2009 Libbus et al.

device," Rev Cardiovasc Med. 2006 ;7 Suppl 1:S56-61.

OTHER PUBLICATIONS

Braunschweig, "Continous haemodynamic monitoring during with-drawal of diuretics in patients with congestive heart failure," European Heart Journal 2002 23(1):59-69.

Braunschweig, "Dynamic changes in right ventricular pressures during haemodialysis recorded with an implantable haemodynamic monitor," Nephrol Dial Transplant 2006; 21:176-183.

Brennan, "Measuring a Grounded Impedance Profile Using the AD5933," Analog Devices, 2006; retrieved from the Internet <<ht/>http://http://www.analog.com/static/imported-files/application_notes/427095282381510189AN847_0.pdf>>>, 12 pages total.

Buono et al., "The effect of ambient air temperature on whole-body bioelectrical impedance," Physiol. Meas. 2004;25:119-123.

Burkhoff et al., "Heart failure with a normal ejection fraction: Is it really a disorder of diastolic function?" Circulation 2003; 107:656-658.

Burr et al., "Heart rate variability and 24-hour minimum heart rate," Biological Research for Nursing, 2006; 7(4):256-267.

Cardionet, "CardioNet Mobile Cardiac Outpatient Telemetry: Addendum to Patient Education Guide", CardioNet, Inc., 2007, 2 pages.

Cardionet, "Patient Education Guide", CardioNet, Inc., 2007, 7 pages.

Charach et al., "Transthoracic monitoring of the impedance of the right lung in patients with cardiogenic pulmonary edema," Crit Care Med Jun. 2001;29(6):1137-1144.

Charlson et al., "Can disease management target patients most likely to generate high costs? The Impact of Comorbidity," Journal of General Internal Medicine, Apr. 2007, 22(4):464-469.

Chaudhry et al., "Telemonitoring for patients with chronic heart failure: a systematic review," J Card Fail. Feb. 2007; 13(1): 56-62. Chung et al., "White coat hypertension: Not so benign after all?," Journal of Human Hypertension (2003) 17, 807-809.

Cleland et al., "The EuroHeart Failure survey programme—a survey on the quality of care among patients with heart failure in Europe—Part 1: patient characteristics and diagnosis," European Heart Journal 2003 24(5):442-463.

Cooley, "The Parameters of Transthoracic Electical Conduction," Annals of the New York Academy of Sciences, 1970; 170(2):702-713.

Cowie et al., "Hospitalization of patients with heart failure. A population-based study," European Heart Journal 2002 23(11):877-885.

Dimri, Chapter 1: Fractals in geophysics and seimology: an introduction, Fractal Behaviour of the Earth System, Springer Berlin Heidelberg 2005, pp. 1-22. [Summary and 1st page Only].

El-Dawlatly et al., "Impedance cardiography: noninvasive assessment of hemodynamics and thoracic fluid content during bariatric surgery," Obesity Surgery, May 2005, 15(5):655-658.

EM Microelectronic—Marin SA, "Plastic Flexible LCD," [product brochure]; retrieved from the Internet: <http://www.em-microelectronic.com/Line.asp?IdLine=48>, copyright 2009, 2 pages total.

Erdmann, "Editorials: The value of diuretics in chronic heart failure demonstrated by an implanted haemodynamic monitor," European Heart Journal 2002 23(1):7-9.

FDA—Medtronic Chronicle Implantable Hemodynamic Monitoring System P050032: Panel Package Section 11: Chronicle IHM Summary of Safety and Effectiveness, 2007; retrieved from the Internet: http://www.fda.gov/OHRMS/DOCKETS/AC/07/briefing/2007-4284b1_04.pdf, 77 pages total.

FDA—Medtronic Inc., Chronicle 9520B Implantable Hemodynamic Monitor Reference Manual, 2007, 112 pages.

FDA Executive Summary Memorandum, prepared for Mar. 1, 2007 meeting of the Circulatory Systems Devices Advisory Panel, P050032 Medtronic, Inc. Chronicle Implantable Hemodynamic Monitor (IHM) System, 23 pages. Retrieved from the Internet: <http://www.fda.gov/ohrms/dockets/ac/07/briefing/2007-4284b1_02.pdf>.

FDA Executive Summary, Medtronic Chronicle Implantable Hemodynamic Monitoring System P050032: Panel Package Sponsor Executive Summary; vol. 1, section 4: Executive Summary. 2007, 12 pages total. Retrieved from the Internet: <http://www.fda.gov/OHRMS/DOCKETS/AC/07/briefing/2007-4284b1_03.pdf>.

FDA, Draft questions for Chronicle Advisory Panel Meeting, 2007, 3 pages total. Retrieved from the Internet: <http://www.fda.gov/ohrms/dockets/ac/07/questions/2007-4284q1_draft.pdf>.

FDA, References for Mar. 1 Circulatory System Devices Panel, 2007, 1 page total. Retrieved from the Internet: <http://www.fda.gov/OHRMS/DOCKETS/AC/07/briefing/2007-4284bib1_01.pdf>.

Fonarow et al., "Risk stratification for in-hospital mortality in acutely decompensated heart failure: classification and regression tree analysis," JAMA. Feb. 2, 2005;293(5):572-580.

Fonarow, "How well are chronic heart failure patients being managed?", Rev Cardiovasc Med. 2006;7 Suppl 1:S3-11.

Fonarow, "Maximizing Heart Failure Care: Opportunities to Improve Patient Outcomes" [Powerpoint Presentation], A CME National Faculty Program, downloaded from the Internet <http://www.medreviews.com/media/MaxHFCore.ppt>, 130 pages total. Fonarow, "Proactive monitoring and management of the chronic heart failure patient," Rev Cardiovasc Med. 2006; 7 Suppl 1:S1-2. Fonarow, "The Acute Decompensated Heart Failure National Registry (ADHERE): opportunities to improve care of patients hospitalized with acute decompensated heart failure," Rev Cardiovasc Med. 2003;4 Suppl 7:S21-S30.

Ganion et al., "Intrathoracic impedance to monitor heart failure status: a comparison of two methods in a chronic heart failure dog model," Congest Heart Fail. Jul.-Aug. 2005;11(4):177-81, 211.

Gass et al., "Critical pathways in the management of acute decompensated heart failure: A CME-Accredited Accredited monograph," Mount Sinai School of Medicine, 2004, 32 pages total.

Gheorghiade et al., "Congestion is an important diagnostic and therapeutic target in heart failure," Rev Cardiovasc Med. 2006;7 Suppl 1:12-24.

Gilliam, III et al., "Changes in heart rate variability, quality of life, and activity in cardiac resynchronization therapy patients: results of the HF-HRV registry," Pacing and Clinical Electrophysiology, Jan. 18, 2007; 30(1): 56-64.

Gilliam, III et al., "Prognostic value of heart rate variability footprint and standard deviation of average 5-minute intrinsic R-R intervals for mortality in cardiac resynchronization therapy patients.," J Electrocardiol. Oct. 2007;40(4):336-42.

Gniadecka, "Localization of dermal edema in lipodermatosclerosis, lymphedema, and cardiac insufficiency high-frequency ultrasound examination of intradermal echogenicity," J Am Acad oDermatol, Jul. 1996; 35(1):37-41.

Goldberg et al., "Randomized trial of a daily electronic home monitoring system in patients with advanced heart failure: The Weight Monitoring in Heart Failure (WHARF) Trial," American Heart Journal, Oct. 2003; 416(4):705-712.

Grap et al., "Actigraphy in the Critically III: Correlation With Activity, Agitation, and Sedation," American Journal of Critical Care. 2005;14: 52-60.

Gudivaka et al., "Single- and multifrequency models for bioelectrical impedance analysis of body water compartments," J Appl Physiol, 1999;87(3):1087-1096.

Guyton et al., Unit V: The Body Fluids and Kidneys, Chapter 25: The Body Fluid Compartments: Extracellular and Intracellular Fluids; Interstitial Fluid and Edema, Guyton & Hall Textbook of Medical Physiology 11th Edition, Saunders 2005; pp. 291-306.

Hadase et al., "Very low frequency power of heart rate variability is a powerful predictor of clinical prognosis in patients with congestive heart Failure," Circ J 2004; 68(4):343-347.

Hallstrom et al., "Structural relationships between measures based on heart beat intervals: potential for improved risk assessment," IEEE Biomedical Engineering 2004, 51(8):1414-1420.

HFSA 2006 Comprehensive Heart Failure Practice Guideline—Executive Summary: HFSA 2006 Comprehensive Heart Failure Practice Guideline, Journal of Cardiac Failure 2006;12(1):10-e38.

OTHER PUBLICATIONS

HFSA 2006 Comprehensive Heart Failure Practice Guideline—Section 12: Evaluation and Management of Patients With Acute Decompensated Heart Failure, Journal of Cardiac Failure 2006;12(1):e86-e103.

HFSA 2006 Comprehensive Heart Failure Practice Guideline—Section 2: Conceptualization and Working Definition of Heart Failure, Journal of Cardiac Failure 2006;12(1):e10-e11.

HFSA 2006 Comprehensive Heart Failure Practice Guideline—Section 3: Prevention of Ventricular Remodeling Cardiac Dysfunction, and Heart Failure Overview, Journal of Cardiac Failure 2006;12(1):e12-e15.

HFSA 2006 Comprehensive Heart Failure Practice Guideline—Section 4: Evaluation of Patients for Ventricular Dysfunction and Heart Failure, Journal of Cardiac Failure 2006;12(1):e16-e25.

HFSA 2006 Comprehensive Heart Failure Practice Guideline—Section 8: Disease Management in Heart Failure Education and Counseling, Journal of Cardiac Failure 2006;12(1):e58-e68.

HRV Enterprises, LLC, "Heart Rate Variability Seminars," downloaded from the Internet: <>> on Apr. 24, 2008, 3 pages total.

HRV Enterprises, LLC, "LoggerPro HRV Biosignal Analysis," downloaded from the Internet: <http://hrventerprise.com/products. html on Apr. 24, 2008, 3 pages total.

Hunt et al., "ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Update the 2001 Guidelines for the Evaluation and Management of Heart Failure): Developed in Collaboration With the American College of Chest Physicians and the International Society for Heart and Lung Transplantation: Endorsed by the Heart Rhythm Society," Circulation. 2005;112:e154-e235.

Hunt et al., ACC/AHA Guidelines for the Evaluation and Management of Chronic Heart Failure in the Adult: Executive Summary A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Revise the 1995 Guidelines for the Evaluation and Management of Heart Failure), Circulation. 2001;104:2996-3007.

Imhoff et al., "Noninvasive whole-body electrical bioimpedance cardiac output and invasive thermodilution cardiac output in high-risk surgical patients," Critical Care Medicine 2000; 28(8):2812-2818.

Jaeger et al., "Evidence for Increased Intrathoracic Fluid Volume in Man at High Altitude," J Appl Physiol 1979; 47(6): 670-676.

Jaio et al., "Variance fractal dimension analysis of seismic refraction signals," WESCANEX 97: Communications, Power and Computing. IEEE Conference Proceedings., May 22-23, 1997, pp. 163-167 [Abstract Only].

Jerant et al., "Reducing the cost of frequent hospital admissions for congestive heart failure: a randomized trial of a home telecare intervention," Medical Care 2001, 39(11):1234-1245.

Kasper et al., "A randomized trial of the efficacy of multidisciplinary care in heart failure outpatients at high risk of hospital readmission," J Am Coll Cardiol, 2002; 39:471-480.

Kaukinen, "Cardiac output measurement after coronary artery bypass grafting using bolus thermodilution, continuous thermodilution, and whole-body impedance cardiography," Journal of Cardiothoracic and Vascular Anesthesia 2003; 17(2):199-203.

Kawaguchi et al., "Combined ventricular systolic and arterial stiffening in patients with heart failure and preserved ejection fraction: implications for systolic and diastolic reserve limitations," Circulation. 2003;107:714-720.

Kawasaki et al., "Heart rate turbulence and clinical prognosis in hypertrophic cardiomyopathy and myocardial infarction," Circ J. Jul. 2003;67(7):601-604.

Kearney et al., "Predicting death due to progressive heart failure in patients with mild-to-moderate chronic heart failure," J Am Coll Cardiol, 2002; 40(10):1801-1808.

Kitzman et al., "Pathophysiological characterization of isolated diastolic heart failure in comparison to systolic heart failure," JAMA Nov. 2002; 288(17):2144-2150.

Kööbi et al., "Non-invasive measurement of cardiac output: whole-body impedance cardiography in simultaneous comparison with thermodilution and direct oxygen Fick methods," Intensive Care Medicine 1997; 23(11):1132-1137.

Koyama et al., "Evaluation of heart-rate turbulence as a new prognostic marker in patients with chronic heart failure," Circ J 2002; 66(10):902-907.

Krumholz et al., "Predictors of readmission among elderly survivors of admission with heart failure," American Heart Journal 2000; 139 (1):72-77.

Kyle et al., "Bioelectrical Impedance Analysis—part I: review of principles and methods," Clin Nutr. Oct. 2004;23(5):1226-1243.

Kyle et al., "Bioelectrical Impedance Analysis—part II: utilization in clinical practice," Clin Nutr. Oct. 2004; 23(5):1430-1453.

Lee et al., "Predicting mortality among patients hospitalized for heart failure: derivation and validation of a clinical model," JAMA 2003;290(19):2581-2587.

Leier "The Physical Examination in Heart Failure—Part I," Congest Heart Fail. Jan.-Feb. 2007;13(1):41-47.

LifeShirt® Model 200 Directions for Use, "Introduction", VivoMetrics, Inc. 9 page total.

Liu et al., "Fractal analysis with applications to seismological pattern recognition of underground nuclear explosions," Singal Processing, Sep. 2000, 80(9):1849-1861. [Abstract Only].

Lozano-Nieto, "Impedance ratio in bioelectrical impedance measurements for body fluid shift determination," Proceedings of the IEEE 24th Annual Northeast Bioengineering Conference, Apr. 9-10, 1998, pp. 24-25.

Lucreziotti et al., "Five-minute recording of heart rate variability in severe chronic heart failure: Correlates with right ventricular function and prognostic implications," American Heart Journal 2000; 139(6):1088-1095.

Lüthje et al., "Detection of heart failure decompensation using intrathoracic impedance monitoring by a triple-chamber implantable defibrillator," Heart Rhythm Sep. 2005;2(9):997-999.

Magalski et al., "Continuous ambulatory right heart pressure measurements with an implantable hemodynamic monitor: a multicenter, 12-Month Follow-up Study of Patients With Chronic Heart Failure," J Card Fail 2002, 8(2):63-70.

Mahlberg et al., "Actigraphy in agitated patients with dementia: Monitoring treatment outcomes," Zeitschrift für Gerontologie and Geriatrie, Jun. 2007; 40(3)178-184. [Abstract Only].

Matthie et al., "Analytic assessment of the various bioimpedance methods used to estimate body water," Appl Physiol 1998; 84(5):1801-1816.

Matthie, "Second generation mixture theory equation for estimating intracellular water using bioimpedance spectroscopy," J Appl Physiol 2005; 99:780-781.

McMurray et al., "Heart Failure: Epidemiology, Aetiology, and Prognosis of Heart Failure," Heart 2000;83:596-602.

Miller, "Home monitoring for congestive heart failure patients," Caring Magazine, Aug. 1995: 53-54.

Moser et al., "Improving outcomes in heart failure: it's not unusual beyond usual Care," Circulation. 2002;105:2810-2812.

Nagels et al., "Actigraphic measurement of agitated behaviour in dementia," International journal of geriatric psychiatry, 2009; 21(4):388-393. [Abstract Only].

Nakamura et al., "Universal scaling law in human behavioral organization," Physical Review Letters, Sep. 28, 2007; 99(13):138103 (4 pages).

Nakaya, "Fractal properties of seismicity in regions affected by large, shallow earthquakes in western Japan: Implications for fault formation processes based on a binary fractal fracture network model," Journal of geophysical research, Jan. 2005; 11(B1):B01310.1-B01310.15. [Abstract Only].

Naylor et al., "Comprehensive discharge planning for the hospitalized elderly: a randomized clinical trial," Amer. College Physicians 1994; 120(12):999-1006.

Nesiritide (Natrecor) [Presentation] Acutely Decompensated Congestive Heart Failure: Burden of Disease, downloaded from the

OTHER PUBLICATIONS

Internet: <http://www.huntsvillehospital.org/foundation/events/cardiologyupdate/CHF.ppt.>, 39 pages.

Nieminen et al., "EuroHeart Failure Survey II (EHFS II): a survey on hospitalized acute heart failure patients: description of population," European Heart Journal 2006; 27(22):2725-2736.

Nijsen et al., "The potential value of three-dimensional accelerometry for detection of motor seizures in severe epilepsy," Epilepsy Behav. Aug. 2005;7(1):74-84.

Noble et al., "Diuretic induced change in lung water assessed by electrical impedance tomography," Physiol. Meas. 2000; 21(1):155-163.

Noble et al., "Monitoring patients with left ventricular failure by electrical impedance tomography," Eur J Heart Fail. Dec. 1999;1(4):379-84.

O'Connell et al., "Economic impact of heart failure in the United States: time for a different approach," J Heart Lung Transplant., Jul.-Aug. 1994; 13(4):S107-S112.

Ohlsson et al., "Central hemodynamic responses during serial exercise tests in heart failure patients using implantable hemodynamic monitors," Eur J Heart Fail. Jun. 2003;5(3):253-259. Ohlsson et al., "Continuous ambulatory monitoring of absolute right ventricular pressure and mixed venous oxygen saturation in patients with heart failure using an implantable haemodynamic monitor," European Heart Journal 2001 22(11):942-954.

Packer et al., "Utility of impedance cardiography for the identification of short-term risk of clinical decompensation in stable patients with chronic heart failure," J Am Coll Cardiol, 2006; 47(11):2245-2252.

Palatini et al., "Predictive value of clinic and ambulatory heart rate for mortality in elderly subjects with systolic hypertension" Arch Intern Med. 2002;162:2313-2321.

Piiria et al., "Crackles in patients with fibrosing alveolitis bronchiectasis, COPD, and Heart Failure," Chest May 1991; 99(5):1076-1083.

Pocock et al., "Predictors of mortality in patients with chronic heart failure," Eur Heart J 2006; (27): 65-75.

Poole-Wilson, "Importance of control of fluid volumes in heart failure," European Heart Journal 2000; 22(11):893-894.

Raj et al., 'Letter Regarding Article by Adamson et al, "Continuous Autonomic Assessment in Patients With Symptomatic Heart Failure: Prognostic Value of Heart Rate Variability Measured by an Implanted Cardiac Resynchronization Device", Circulation 2005;112:e37-e38.

Ramirez et al., "Prognostic value of hemodynamic findings from impedance cardiography in hypertensive stroke," AJH 2005; 18(20):65-72.

Rich et al., "A multidisciplinary intervention to prevent the readmission of elderly patients with congestive heart failure," New Engl. J. Med. 1995;333:1190-1195.

Roglieri et al., "Disease management interventions to improve outcomes in congestive heart failure," Am J Manag Care. Dec. 1997;3(12):1831-1839.

Sahalos et al., "The Electrical impedance of the human thorax as a guide in evaluation of intrathoracic fluid volume," Phys. Med. Biol. 1986; 31:425-439.

Saxon et al., "Remote active monitoring in patients with heart failure (rapid-rf): design and rationale," Journal of Cardiac Failure 2007; 13(4):241-246.

Scharf et al., "Direct digital capture of pulse oximetry waveforms," Proceedings of the Twelfth Southern Biomedical Engineering Conference, 1993., pp. 230-232.

Shabetai, "Monitoring heart failure hemodynamics with an implanted device: its potential to improve outcome," J Am Coll Cardiol, 2003; 41:572-573.

Small, "Integrating monitoring into the Infrastructure and Workflow of Routine Practice: OptiVol," Rev Cardiovasc Med. 2006;7 Supp 1: S47-S55.

Smith et al., "Outcomes in heart failure patients with preserved ejection fraction: mortality, readmission, and functional decline," J Am Coll Cardiol, 2003; 41:1510-1518.

Something in the way he moves, The Economist, 2007, retrieved from the Internet: <http://www.economist.com/science/printerFriendly.cfm?story id=9861412>>.

Starling, "Improving care of chronic heart failure: advances from drugs to devices," Cleveland Clinic Journal of Medicine Feb. 2003; 70(2):141-146.

Steijaert et al., "The use of multi-frequency impedance to determine total body water and extracellular water in obese and lean female individuals," International Journal of Obesity Oct. 1997; 21(10):930-934.

Stewart et al., "Effects of a home-based intervention among patients with congestive heart failure discharged from acute hospital care," Arch Intern Med. 1998;158:1067-1072.

Stewart et al., "Effects of a multidisciplinary, home-based intervention on planned readmissions and survival among patients with chronic congestive heart failure: a randomised controlled study," The Lancet Sep. 1999, 354(9184):1077-1083.

Stewart et al., "Home-based intervention in congestive heart failure: long-term implications on readmission and survival," Circulation. 2002;105:2861-2866.

Stewart et al., "Prolonged beneficial effects of a home-based intervention on unplanned readmissions and mortality among patients with congestive heart failure," Arch Intern Med. 1999;159:257-261. Stewart et al., "Trends in Hospitalization for Heart Failure in Scotland, 1990-1996. An Epidemic that has Reached Its Peak?," European Heart Journal 2001 22(3):209-217.

Swedberg et al., "Guidelines for the diagnosis and treatment of chronic heart failure: executive summary (update 2005): The Task Force for the Diagnosis and Treatment of Chronic Heart Failure of the European Society of Cardiology," Eur Heart J. Jun. 2005; 26(11):1115-1140.

Tang, "Case studies in advanced monitoring: OptiVol," Rev Cardiovasc Med. 2006;7 Suppl 1:S62-S66.

The ESCAPE Investigators and ESCAPE Study Coordinators, "Evaluation Study of Congestive Heart Failure and Pulmonary Artery Catheterization Effectiveness," JAMA 2005;294:1625-1633. Tosi et al., "Seismic signal detection by fractal dimension analysis," Bulletin of the Seismological Society of America; Aug. 1999; 89(4):970-977. [Abstract Only].

Van De Water et al., "Monitoring the chest with impedance," Chest. 1973;64:597-603.

Van Someren, "Actigraphic monitoring of movement and restactivity rhythms inaging, Alzheimer's disease, and Parkinson's disease," IEEE Transactions on Rehabilitation Engineering, Dec. 1997; 5(4):394-398. [Abstract Only].

Vasan et al., "Congestive heart failure in subjects with normal versus reduced left ventricular ejection fraction," J Am Coll Cardiol, 1999; 33:1948-1955.

Verdecchia et al., "Adverse prognostic value of a blunted circadian rhythm of heart rate in essential hypertension," Journal of Hypertension 1998; 16(9):1335-1343.

Verdecchia et al., "Ambulatory pulse pressure: a potent predictor of total cardiovascular risk in hypertension," Hypertension. 1998;32:983-988.

Vollmann et al., "Clinical utility of intrathoracic impedance monitoring to alert patients with an implanted device of deteriorating chronic heart failure," Euorpean Heart Journal Advance Access published on Feb. 19, 2007, downloaded from the Internet:<http://eurheartj.oxfordjournals.org/cgi/content/full/ehl506v1>, 6 pages total.

Vuksanovic et al., "Effect of posture on heart rate variability spectral measures in children and young adults with heart disease," International Journal of Cardiology 2005;101(2): 273-278.

Wang et al., "Feasibility of using an implantable system to measure thoracic congestion in an ambulatory chronic heart failure canine model," PACE 2005;28(5):404-411.

Wickemeyer et al., #197—"Association between atrial and ventricular tachyarrhythmias, intrathoracic impedance and heart failure decompensation in CRT-D Patients," Journal of Cardiac Failure 2007; 13 (6) Suppl.; S131-132.

OTHER PUBLICATIONS

Williams et al, "How do different indicators of cardiac pump function impact upon the long-term prognosis of patients with chronic heart failure," American Heart Journal, 150(5):983.e1-983.e6.

Wonisch et al., "Continuous haemodynamic monitoring during exercise in patients with pulmonary hypertension," Int J Cardiol. Jun. 8, 2005;101(3):415-420.

Wynne et al., "Impedance cardiography: a potential monitor for hemodialysis," Journal of Surgical Research 2006, 133(1):55-60. Yancy "Current approaches to monitoring and management of heart failure," Rev Cardiovasc Med 2006; 7 Suppl 1:S25-32.

Ypenburg et al., "Intrathoracic Impedance Monitoring to Predict Decompensated Heart Failure," Am J Cardiol 2007, 99(4):554-557.

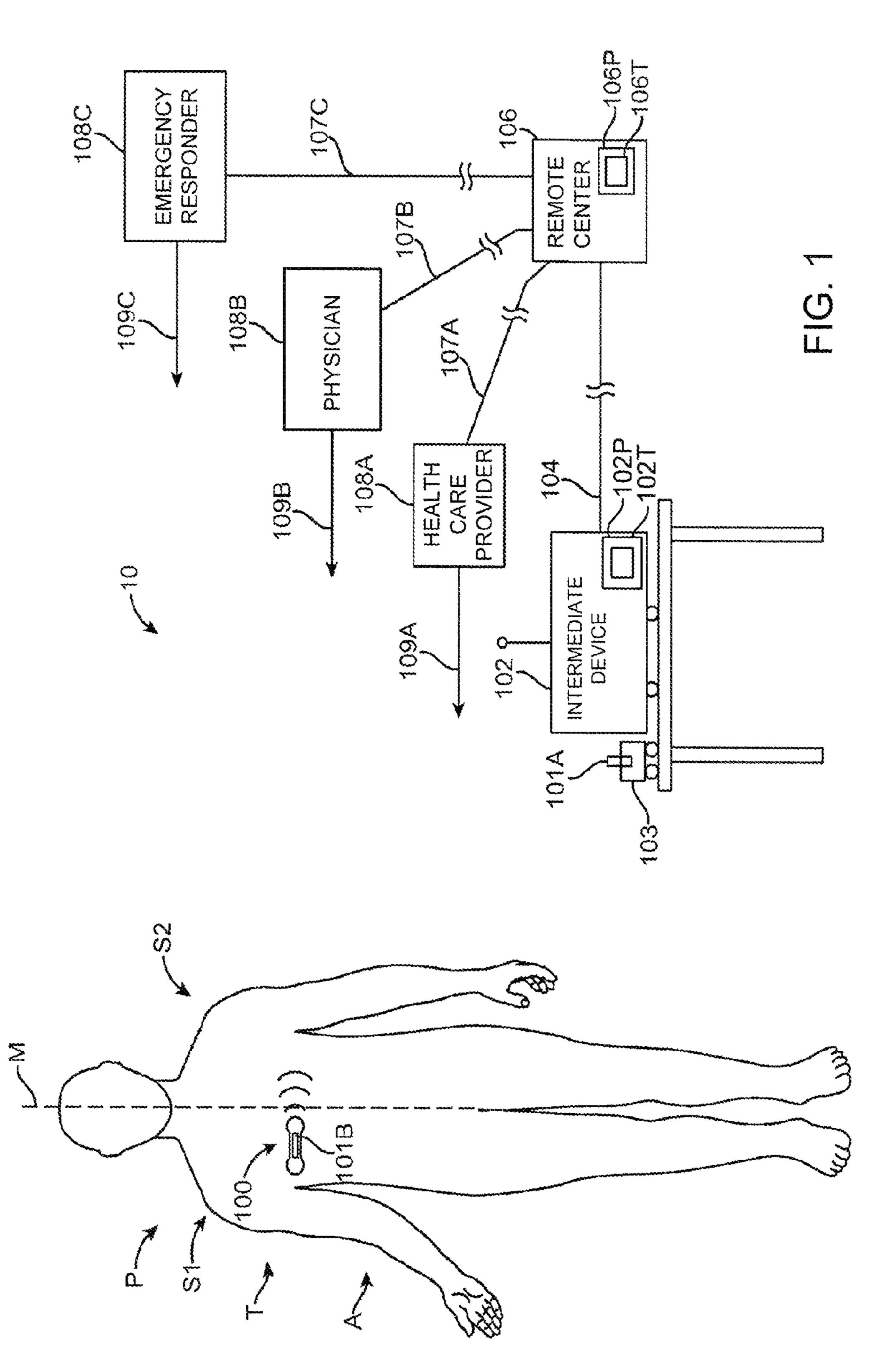
Yu et al., "Intrathoracic Impedance Monitoring in Patients With Heart Failure: Correlation With Fluid Status and Feasibility of Early Warning Preceding Hospitalization," Circulation. 2005;112:841-848.

Zannad et al., "Incidence, clinical and etiologic features, and outcomes of advanced chronic heart failure: The EPICAL Study," J Am Coll Cardiol, 1999; 33(3):734-742.

Zile, "Heart failure with preserved ejection fraction: is this diastolic heart failure?" J Am Coll Cardiol, 2003; 41(9):1519-1522.

Scapa Medical product listing and descriptions (2008) available at http://www.caapana.com/productlist.jsp and http://www.metplus.co.rs/pdf/prospekti/Samolepljivemedicinsketrake.pdf; retrieved via WayBack Machine Aug. 29, 2013.

* cited by examiner



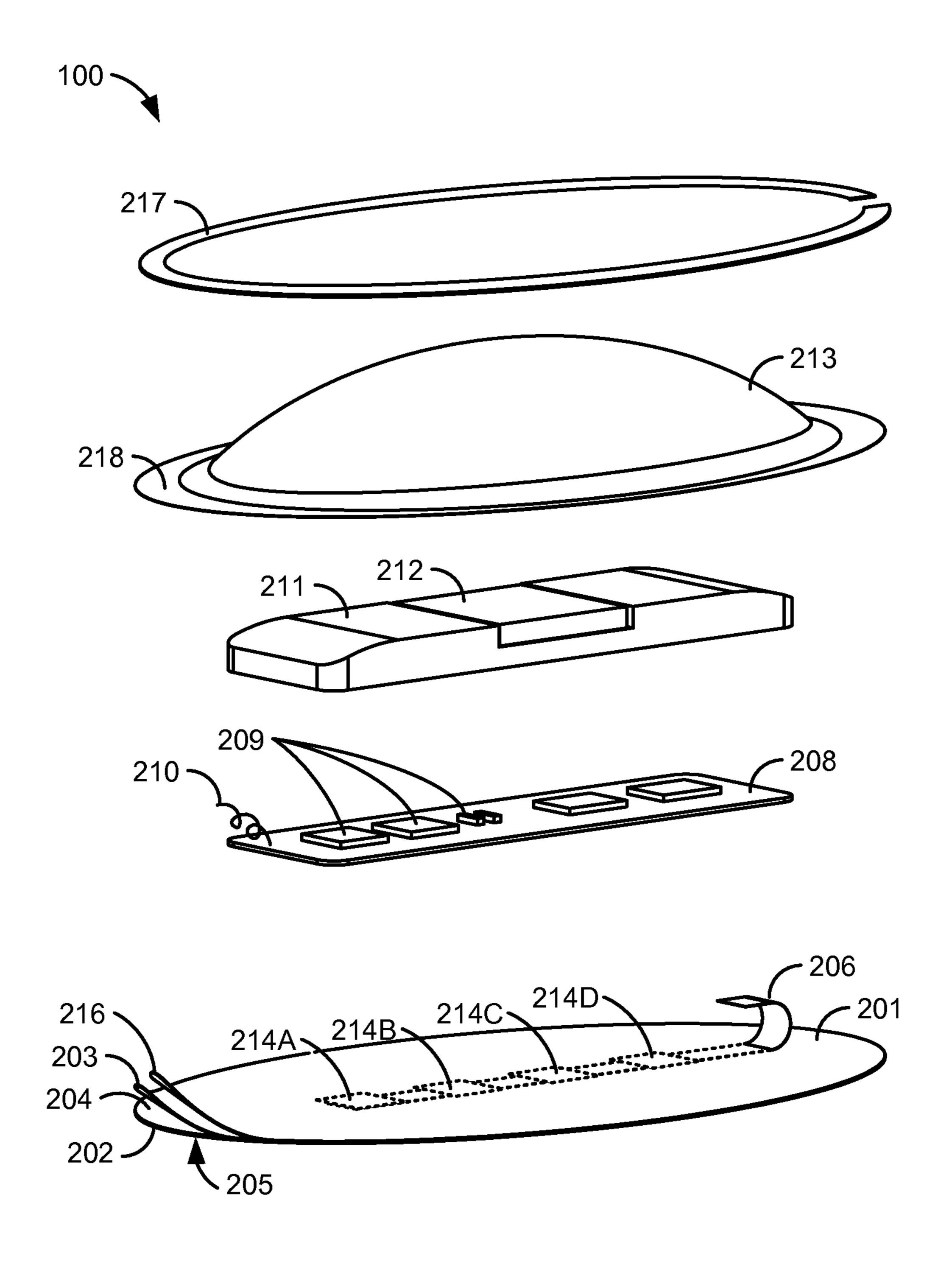


FIG. 2A

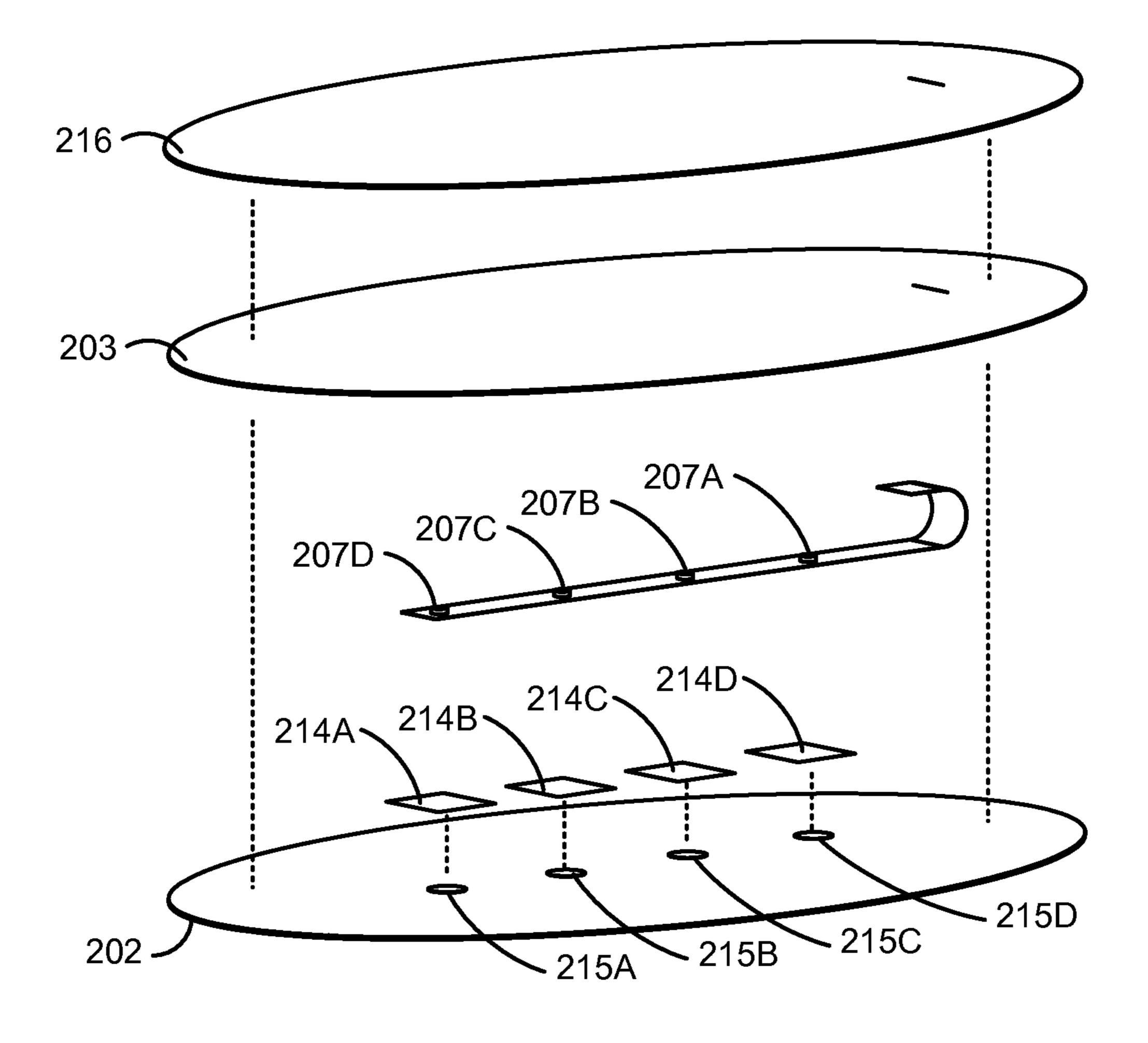
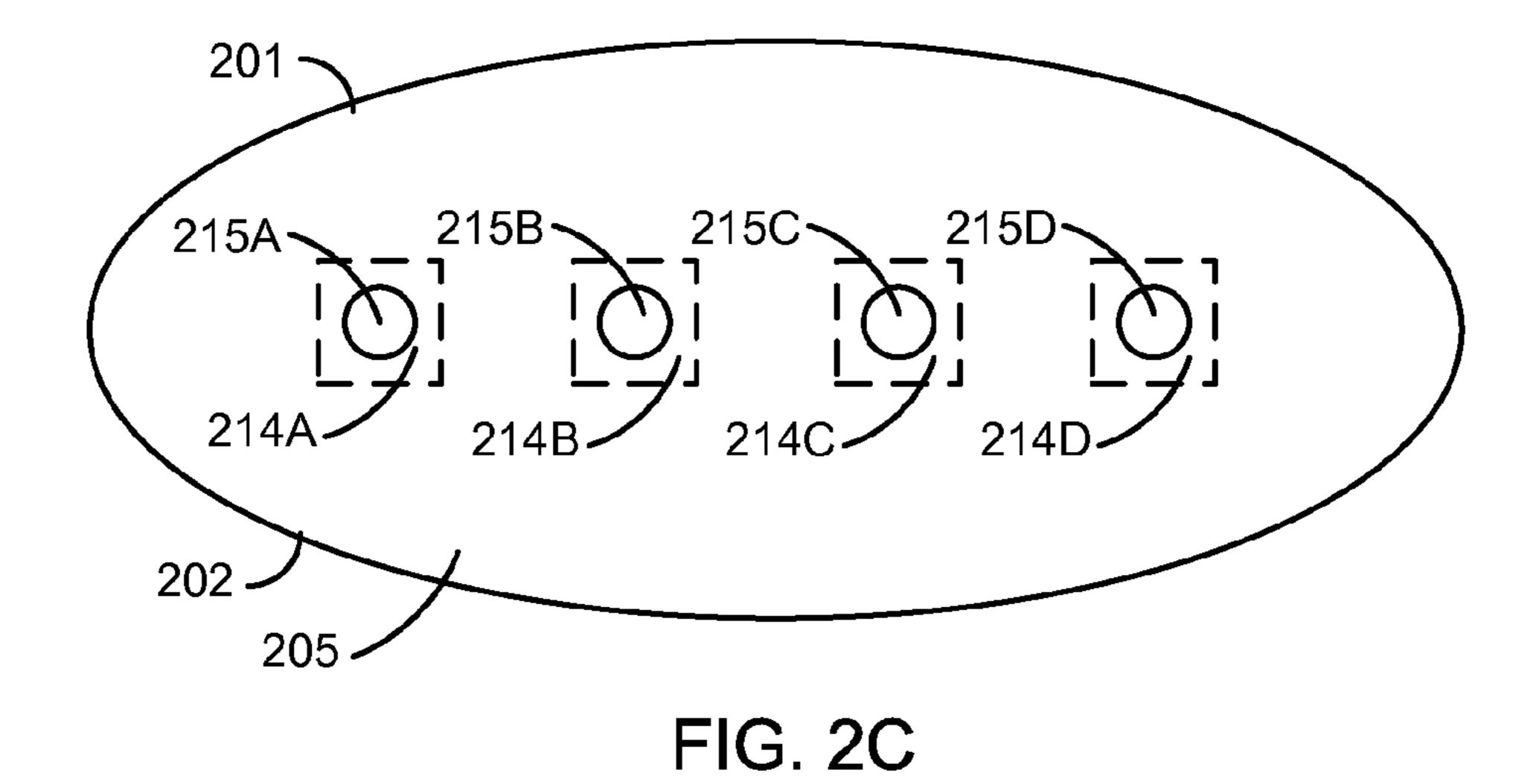


FIG. 2B



206A 207A 207D

FIG. 3

Sep. 27, 2016

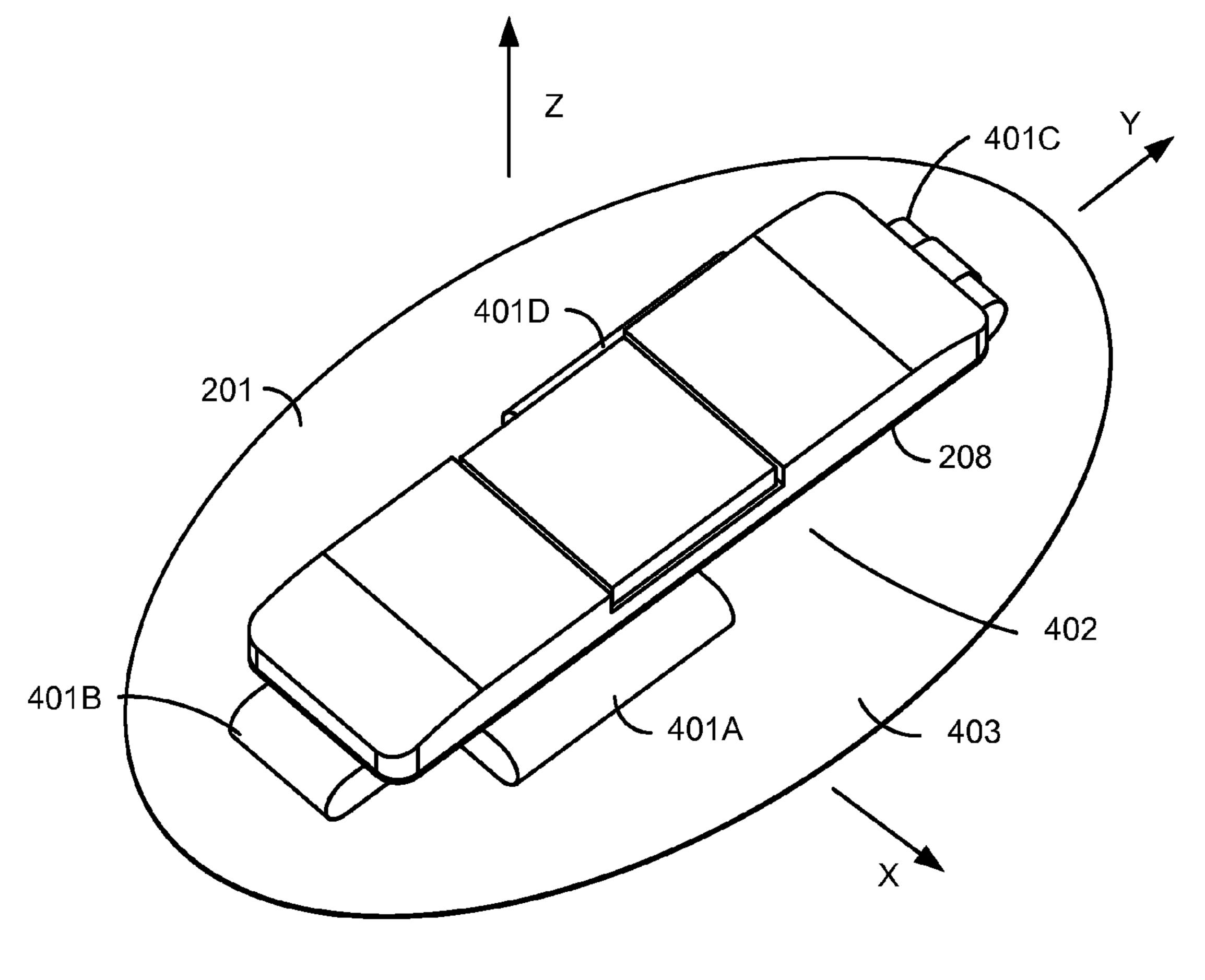


FIG. 4

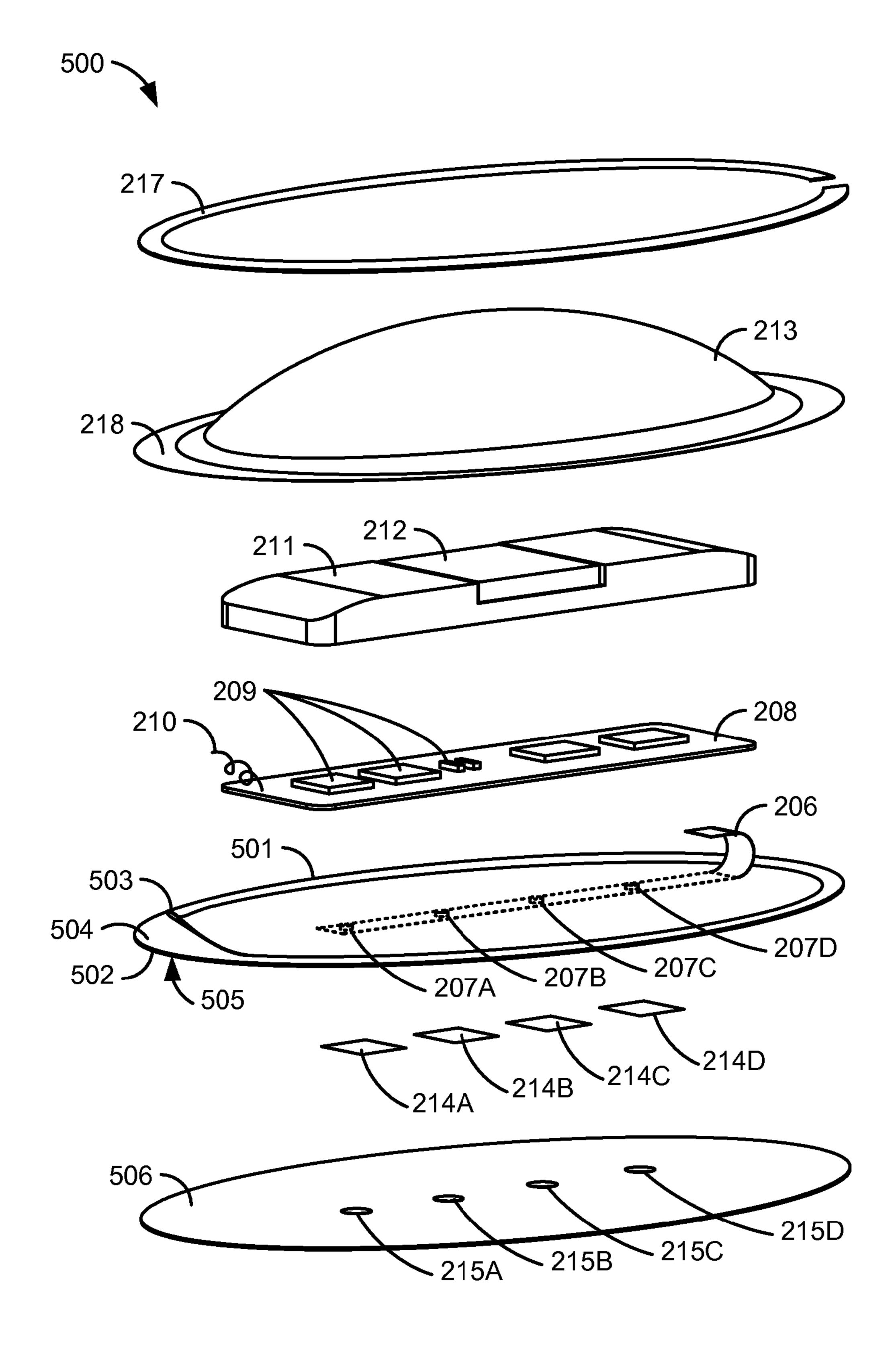
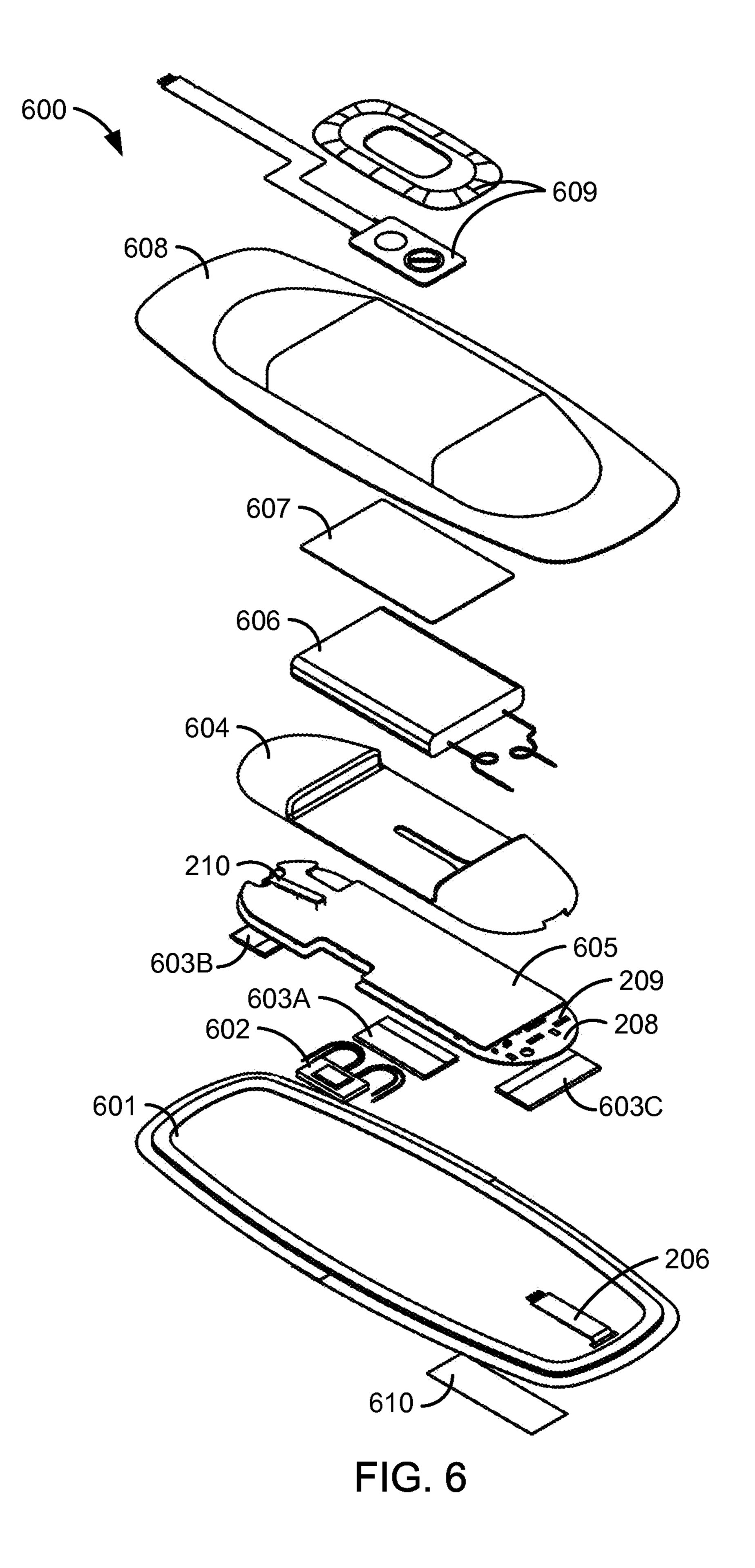


FIG. 5



BODY ADHERENT PATCH WITH ELECTRONICS FOR PHYSIOLOGIC MONITORING

This application claims priority from provisional U.S. 5 Patent Application No. 61/286,075, titled "Body Adherent Patch with Electronics for Physiologic Monitoring" and filed Dec. 14, 2009, the entire disclosure of which is hereby incorporated by reference herein for all purposes.

BACKGROUND OF THE INVENTION

1. Field of the Invention

The present invention relates to physiologic monitoring and/or therapy. Although embodiments make specific refer- 15 ence to monitoring impedance and electrocardiogram signals with an adherent device, the system methods and devices described herein may be applicable to many applications in which physiological monitoring and/or therapy is used for extended periods, for example wireless physiologi- 20 cal monitoring for extended periods.

Patients are often treated for diseases and/or conditions associated with a compromised status of the patient, for example a compromised physiologic status. In some instances, a patient may report symptoms that require diagnosis to determine the underlying cause. For example, a patient may report fainting or dizziness that requires diagnosis, in which long term monitoring of the patient can provide useful information as to the physiologic status of the patient. In some instances a patient may have suffered a heart attack and require care and/or monitoring after release from the hospital. One example of a device to provide long term monitoring of a patient is the Holter monitor, or ambulatory electrocardiography device.

In addition to measuring heart signals with electrocardiograms, known physiologic measurements include impedance measurements. For example, transthoracic impedance measurements can be used to measure hydration and respiration. Although transthoracic measurements can be useful, such measurements may use electrodes that are positioned 40 across the midline of the patient, and may be somewhat uncomfortable and/or cumbersome for the patient to wear. In at least some instances, the electrodes that are held against the skin of the patient may become detached and/or dehydrated, such that the electrodes must be replaced, thereby 45 making long term monitoring more difficult.

Work in relation to embodiments of the present invention suggests that known methods and apparatus for long term monitoring of patients may be less than ideal. In at least some instances, devices that are worn by the patient may be 50 somewhat uncomfortable. Although devices that adhere measurement electrodes and measurement circuitry to the skin with an adhesive can provide improved comfort, work in relation to embodiments of the present invention suggests that the adhesive of such devices can detach from the skin 55 of the patient sooner than would be ideal. These limitations of current devices may lead to patients not wearing the devices as long as would be ideal and not complying with direction from the health care provider in at least some instances, such that data collected may be less than ideal.

Similar difficulties may arise in the monitoring of other subjects, such as persons in non-medical settings, or in the monitoring of animals such as veterinary, agricultural, or wild animal monitoring. Therefore, a need exists for improved subject monitoring. Ideally, such improved sub- 65 ject monitoring would avoid at least some of the short-comings of the present methods and devices. Ideally, such

2

improved devices will allow an adherent device to be adhered to the skin of the subject with an adhesive so as to carry associated electronics comfortably with the skin of the subject for an extended period.

2. Description of the Background Art

The following U.S. Patents and Publications may describe relevant background art: U.S. Pat. Nos. 3,170,459; 3,805, 769; 3,845,757; 3,972,329; 4,141,366; 4,522,211; 4,669, 480; 4,838,273; 5,133,355; 5,150,708; 5,450,845; 5,511, 533; 5,607,454; 6,141,575; 6,198,955; 6,327,487; 6,795, 722; 7,395,106; 2004/0006279; 2004/0015058; 2006/0264730; 2007/0106132; 2007/0208262; 2007/0249946; 2007/0255184; 2008/0171929; 2007/0276273; and 2009/0182204.

BRIEF SUMMARY OF THE INVENTION

In many embodiments, an adherent device to adhere to a skin of a subject comprises a stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere the base layer to the skin of the subject. The base layer has at least two openings extending therethrough, each of the at least two openings having a size. The adherent device also comprises a stretchable covering layer positioned above and adhered to the base layer with an adhesive to define at least two pockets, and at least two gels, each gel having a size larger than the size of the at least two openings to retain said gel substantially within said pocket. The adherent device further comprises a circuit carrier supported with the stretchable base layer to measure at least one physiologic signal of the subject. The subject may comprise a person, an athlete, a patient, or an animal such as a domesticated or a wild animal.

According to some embodiments, an adherent device to monitor a subject having a skin comprises a stretchable base layer having an upper side and a lower side and an adhesive coating disposed on the lower side to adhere the base layer to the skin of the subject. The base layer has at least two openings extending therethrough, each opening having a size. The adherent device further includes a flexible circuit support having at least two electrodes disposed thereon, each electrode positioned with a respective one of the at least two openings to couple to the skin of the subject. At least two gels are positioned with the at least two openings in the base layer, each gel having a size larger than the size of said each opening. The device also includes a stretchable covering layer positioned above the at least two gels and adhered to the base layer, such that each gel is constrained substantially within a corresponding pocket disposed between the base layer and the covering layer. The adherent device further includes a circuit carrier holding electronic components electrically connected to the at least one electrode with the flexible circuit support to measure at least one physiologic signal of the subject.

In some embodiments, each of the gels and each of the pockets is sized larger than a corresponding opening of the stretchable base layer to retain said gel in said pocket when the stretchable base layer is adhered to the skin of the subject. In some embodiments, the stretchable base layer comprises a thin, flexible, stretchable base layer to stretch with the skin of the subject and conform to folds of the skin of the subject. In some embodiments, the stretchable covering layer comprises a thin, flexible, stretchable covering layer to stretch with the skin of the subject and conform to folds of the skin of the subject. The adherent device may further include a thin, flexible, stretchable overlayer dis-

posed above and adhered to the covering layer. The overlayer may be made of woven fabric.

In some embodiments, the adherent device further comprises a stiffening structure disposed over and coupled to a common perimeter of the base and covering layers and 5 configured to stiffen the perimeter edges of the base and covering layers. The stiffening structure may be configured to be removable after the adherent device is adhered to the subject. In some embodiments, the adherent device further comprises a thin, flexible, stretchable overlayer disposed 10 above and adhered to the covering layer, and the stiffening structure is disposed over and coupled to a common perimeter of the base and covering layers and the overlayer, and the stiffening structure is configured to stiffen the perimeter edges of the base and covering layers and the overlayer. The 15 adherent device according to these embodiments may further include a soft, flexible cover disposed over the circuit carrier and coupled at a common perimeter to the base and covering layers. The cover may comprise a material configured to inhibit liquids from reaching the electronic com- 20 ponents. A perimeter of the cover may be disposed under the stiffening structure. In some embodiments, the flexible circuit is configured to be stretchable.

In some embodiments, the flexible circuit is formed of a substantially non-stretchable material, and is geometrically 25 configured to be stretchable. In some embodiments, the flexible circuit comprises a polyester base and traces formed of silver conductive ink. The flexible circuit may comprise a serpentine shape. The flexible circuit may be disposed between the base layer and the covering layer.

In some embodiments, the adherent device further comprises a compliant connection between the circuit carrier and the base layer. In some embodiments, the combination of the base layer and the covering layer is breathable. The coma moisture vapor transmission rate of at least 100 g/m²/day.

According to some embodiments, an adherent device comprises a thin, flexible, stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side. At least one electrode is affixed to the base layer 40 and is capable of electrically coupling to the skin of a subject. A flexible circuit is connected to the at least one electrode, and a circuit carrier holding electronic components is electrically connected to the at least one electrode via the flexible circuit and configured to measure at least one 45 physiologic signal of the subject. The adherent device further includes a stiffening structure disposed over and coupled to a perimeter of the base layer and configured to stiffen the perimeter edge of the base layer. In some embodiments, the stiffening structure is configured to be removable 50 when the adherent device is adhered to the subject. The stiffening structure may be made from a vinyl sheet.

In some embodiments, the adherent device further comprises a thin, flexible, stretchable overlayer disposed above and adhered to the base layer, and the stiffening structure is 55 disposed over and coupled to a common perimeter of the base layer and overlayer and is configured to stiffen the perimeter edge of the base layer and overlayer. According to some embodiments, the adherent device further includes a gel patch under each electrode, and each gel patch enhances 60 electrical conductivity between its respective electrode and the skin of the subject. The flexible circuit is configured to be stretchable.

In some embodiments, the adherent device further comprises a soft, flexible cover disposed over the circuit carrier 65 and coupled at a perimeter to the base layer. The cover may comprise a material configured to inhibit liquids from reach-

ing the electronic components. The lower side of the base layer is configured to adhere to the skin of a subject.

In some embodiments, the adherent device further comprises a thin, flexible, stretchable underlayer adhered to the lower side of the base layer, the underlayer configured to adhere to the skin of the subject. The combination of the base layer and underlayer may be breathable. The combination of the base layer and underlayer may has a moisture vapor transmission rate of at least 100 g/m²/day.

In some embodiments, the adherent device further comprises a gel patch under each electrode, and each gel patch enhances electrical conductivity between its respective electrode and the skin of the subject, and a perimeter of each gel patch is sandwiched between the base layer and the underlayer. In some embodiments, the underlayer comprises at least one opening through which electrical contact is made between the at least one electrode and the skin of the subject. The adherent device many further include a compliant connection between the circuit carrier and the base layer.

According to some embodiments, an adherent device comprises a thin, flexible, stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side. At least one electrode is affixed to the base layer and capable of electrically coupling to the skin of a subject. A flexible circuit is connected to the at least one electrode, and is configured to stretch. The adherent device further includes a circuit carrier holding electronic components electrically connected to the at least one electrode via the flexible circuit and configured to measure at least one 30 physiologic signal of the subject.

In some embodiments, the flexible circuit is formed of a substantially non-stretchable material, and is geometrically configured to be stretchable. In some embodiments, the flexible circuit comprises a polyester base and traces formed bination of the base layer and the covering layer may have 35 of silver conductive ink. The flexible circuit may comprise a serpentine shape. The flexible circuit may comprise a sawtooth shape.

> In some embodiments, the adherent device further comprises gel patch under each electrode, and each gel patch enhances electrical conductivity between its respective electrode and the skin of the subject. In some embodiments, the base layer is configured to adhere to the skin of the subject, and the adherent device further comprises a thin, flexible, stretchable overlayer disposed above and adhered to the base layer. In some embodiments, the adherent device further comprises a thin, flexible, stretchable underlayer disposed below and adhered to the base layer, and the underlayer is configured to adhere to the skin of the subject. In some embodiments the adherent device further comprises a stiffening structure disposed over and coupled to a perimeter of the base layer and configured to stiffen the perimeter edge of the base layer. The adherent device may comprise a compliant connection between the circuit carrier and the base layer.

> According to some embodiments, an adherent device to monitor a subject having a skin comprises a stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere the base layer to the skin of a subject. The base layer has at least two openings extending therethrough, each of the at least two openings having a size. A stretchable covering layer is positioned above and adhered to the base layer with an adhesive to define at least two pockets. The adherent device further comprises a flexible circuit support that includes a first portion and a second portion, the first portion of the support adhered between the stretchable base layer and the stretchable covering layer, the second portion extending from the

first portion. At least two electrodes are disposed on the first portion of the flex circuit support. The adherent device further includes at least two gels, and each gel and each electrode are positioned within a corresponding pocket, each gel having a size larger than the size of the respective opening to retain said gel substantially within said pocket between the base layer and the covering layer. The adherent device further includes a circuit carrier supported with the stretchable base layer, the circuit carrier holding electronic components electrically connected to the at least two electrodes with the second portion of the flexible circuit support to relieve strain when the stretchable base layer stretches with the skin of the subject, the electronic components configured to measure at least one physiologic signal of the subject.

According to some embodiments, a method of manufacturing an adherent device to adhere to a skin of a subject comprises providing a stretchable base layer having an upper side and a lower side and an adhesive coating on the 20 lower side to adhere the base layer to the skin of a subject. The base layer has at least two openings extending therethrough, each of the at least two openings having a size. The method further comprises providing a flexible circuit support having at least two electrodes and traces of electrically 25 conductive material disposed thereon, providing at least two gels, and providing a stretchable covering layer. The method further comprises positioning the flexible circuit support and at least two gels between the stretchable base layer and the stretchable covering layer, and adhering the stretchable base layer to the stretchable covering layer to form at least two pockets, wherein each pocket has one of the at least two gels and one of the electrodes disposed therein. The method also includes coupling a circuit carrier to the at least two electrodes with the flexible circuit support.

According to some embodiments, a method of monitoring a patient having a skin comprises adhering a stretchable base layer affixed to a stretchable covering layer to the skin of the patient. The stretchable base layer and the stretchable cov- 40 ering layer define a plurality of pockets with gels and electrodes disposed therein and the electrodes are coupled to the skin with the gels disposed in the pockets. The method further comprises measuring signals from the electrodes to monitor the patient.

According to some embodiments, an adherent device to adhere to a skin of a subject comprises means for adhering to a skin of a subject, and a circuit carrier means coupled to the means for adhering to measure at least one physiologic signal of the subject.

Other embodiments are also described and claimed.

BRIEF DESCRIPTION OF THE DRAWINGS

- ing an adherent device, in accordance with embodiments of the present invention.
- FIG. 2A shows a partial exploded perspective view of an adherent device as in FIG. 1, in accordance with embodiments of the invention.
- FIG. 2B illustrates an exploded view of a support patch, according to embodiments of the invention.
- FIG. 2C shows a bottom view of the support patch of FIG. **2**B.
- FIG. 3 shows a flexible circuit that is configured to be 65 stretchable, in accordance with embodiments of the invention.

- FIG. 4 illustrates a compliant connection between a circuit carrier and a base layer, in accordance with embodiments of the invention.
- FIG. 5 illustrates an exploded view of an adherent device in accordance with additional embodiments of the invention.
- FIG. 6 illustrates an exploded oblique view of an adherent device in accordance with additional embodiments of the invention.

DETAILED DESCRIPTION OF THE INVENTION

Embodiments of the present invention relate to subject monitoring and/or therapy. Although embodiments make 15 specific reference to monitoring impedance and electrocardiogram signals with an adherent device, the system methods and device described herein may be applicable to any application in which physiological monitoring and/or therapy is used for extended periods, for example wireless physiological monitoring for extended periods.

Embodiments of the present invention can be particularly well suited for use with an adherent device that comprises a support, for example a patch that may comprise stretchable tape, such that the support can be configured to adhere to the subject and support the electronics and sensors on the subject. The support may also be porous and breathable so as to allow water vapor transmission, for example as described U.S. Pat. Pub. No. 2009/0076363, the full disclosure of which is incorporated herein by reference and suitable for combination in accordance with some embodiments of the present invention described herein. The adherent device may comprise a cover and electronic components disposed on a carrier coupled to the support so as to provide strain relief, such that the support can stretch and flex with the skin of the subject. The embodiments described herein can be particularly useful to inhibit motion of the electronics circuitry carrier when the support stretches and flexes, so as to decrease localized loading of the support that may contribute to peeling. When forces are localized near an edge of the adherent device, for example when the carrier moves against a cover, the localized forces may cause peeling near the edge, and the embodiments described herein can inhibit such localized forces with a compliant structure that inhibits motion of the carrier relative to the support and also allows 45 the support to stretch.

FIG. 1 shows an example subject, patient P, and a monitoring system 10. Patient P comprises a midline M, a first side S1, for example a right side, and a second side S2, for example a left side. Monitoring system 10 comprises an adherent device 100. Adherent device 100 can be adhered to a patient P at many locations, for example thorax T or arm A of patient P. In many embodiments, the adherent device may adhere to one side of the patient, from which side data can be collected. Work in relation with embodiments of the FIG. 1 shows a patient and a monitoring system compris- 55 present invention suggests that location on a side of the patient can provide comfort for the patient while the device is adhered to the patient.

Monitoring system 10 includes components to transmit data to a remote center 106. Remote center 106 can be located in a different building from a subject such as patient P, for example in the same town as the subject, and can be located as far from the subject as a separate continent from the subject, for example the subject located on a first continent and the remote center located on a second continent. Adherent device 100 can communicate wirelessly to an intermediate device 102, for example with a single wireless hop from the adherent device on the subject to the interme-

diate device. Intermediate device 102 can communicate with remote center 106 in many ways, for example with an internet connection and/or with a cellular connection. In many embodiments, monitoring system 10 comprises a distributed processing system with at least one processor 5 comprising a tangible medium on device 100, at least one processor on intermediate device 102, and at least one processor 106P at remote center 106, each of which processors can be in electronic communication with the other processors. At least one processor 102P comprises a tangible 10 medium 102T, and at least one processor 106P comprises a tangible medium 106T. Remote processor 106P may comprise a backend server located at the remote center. Remote center 106 can be in communication with a health care provider 108A with a communication system 107A, such as 15 the Internet, an intranet, phone lines, wireless and/or satellite phone. Health care provider 108A, for example a family member, can be in communication with patient P with a communication, for example with a two way communication system, as indicated by arrow 109A, for example by cell 20 phone, email, landline. Remote center **106** can be in communication with a health care professional, for example a physician 108B, with a communication system 107B, such as the Internet, an intranet, phone lines, wireless and/or satellite phone. Physician 108B can be in communication 25 with patient P with a communication, for example with a two way communication system, as indicated by arrow 109B, for example by cell phone, email, landline. Remote center 106 can be in communication with an emergency responder **108**C, for example a **911** operator and/or paramedic, with a communication system 107C, such as the Internet, an intranet, phone lines, wireless and/or satellite phone. Emergency responder 108C can travel to the patient as indicated by arrow 109C. Thus, in many embodiments, monitoring system 10 comprises a closed loop system in which patient 35 care can be monitored and implemented from the remote center in response to signals from the adherent device.

In many embodiments, the adherent device may continuously monitor physiological parameters, communicate wirelessly with a remote center, and provide alerts when necessary. The system may comprise an adherent patch, which attaches to the subject's thorax and contains sensing electrodes, battery, memory, logic, and wireless communication capabilities. In some embodiments, the device can communicate with the remote center, via the intermediate device in 45 the subject's home. In some embodiments, the remote center 106 receives the patient data and applies a patient evaluation and/or prediction algorithm. When a flag is raised, the center may communicate with the patient, hospital, nurse, and/or physician to allow for therapeutic intervention, for example 50 to prevent decompensation.

In many embodiments, the adherent device may comprise a reusable electronics module with replaceable patches, and each of the replaceable patches may include a battery. The module may collect cumulative data for approximately 90 55 days and/or the entire adherent component (electronics+ patch) may be disposable. In a completely disposable embodiment, a "baton" mechanism may be used for data transfer and retention, for example baton transfer may include baseline information. In some embodiments, the 60 device may have a rechargeable module, and may use dual battery and/or electronics modules, wherein one module 101A can be recharged using a charging station 103 while the other module 101B is placed on the adherent patch with connectors. In some embodiments, the intermediate device 65 102 may comprise the charging module, data transfer, storage and/or transmission, such that one of the electronics

8

modules can be placed in the intermediate device for charging and/or data transfer while the other electronics module is worn by the subject.

System 10 can perform the following functions: initiation, programming, measuring, storing, analyzing, communicating, predicting, and displaying. The adherent device may contain a subset of the following physiological sensors: bioimpedance, respiration, respiration rate variability, heart rate (ave, min, max), heart rhythm, heart rate variability (hereinafter "HRV"), heart rate turbulence (hereinafter "HRT"), heart sounds (e.g. S3), respiratory sounds, blood pressure, activity, posture, wake/sleep, orthopnea, temperature/heat flux, and weight. The activity sensor may comprise one or more of the following: ball switch, accelerometer, minute ventilation, HR, bioimpedance noise, skin temperature/heat flux, BP, muscle noise, posture. Additional details about the use of an adherent patch to measure particular physiologic signals may be found in co-pending U.S. patent application Ser. No. 12/209,273 (publication 2009/0076363) and Ser. No. 12/209,288 (publication 2009/0076345), both filed on Sep. 12, 2008 and titled "Adherent Device with Multiple Physiologic Sensors"

The adherent device can wirelessly communicate with remote center 106. The communication may occur directly (via a cellular or Wi-Fi network), or indirectly through intermediate device 102. Intermediate device 102 may consist of multiple devices, which can communicate wired 104 or wirelessly to relay data to remote center 106.

In many embodiments, instructions are transmitted from remote site 106 to a processor supported with the adherent patch on the subject, and the processor supported with the subject can receive updated instructions for the subject treatment and/or monitoring, for example while worn by the subject.

In order for complete and reliable data to be gathered by system 10, and for optimal subject comfort, it is desirable that adherent device 100 remain securely attached to subject for a predetermined period of time, for example one week, or two weeks or more. If adherent device 100 becomes dislodged prematurely, such that one or more of the sensing electrodes no longer makes secure contact with the subject's skin, valuable medical or other data may be lost. For example, a dislodged adherent device 100 may also need to be replaced, causing discomfort for a patient, inconvenience for medical personnel, and unwanted expense.

Various adhesion failure mechanisms have been noted. Normal subject activity may result in adherent device 100 being stretched, bumped, jostled, or otherwise moved in a way that tends to stress the adhesive joint with the subject's skin. This may be especially true for an adherent device that is worn for a long period of time, during which the subject may wish to carry on normal activities, including exercise, bathing, and the like. The edges of the support patch may be especially prone to separation from the skin, and may form pathways for ingress of moisture, which can accelerate the deterioration of the adhesive bond between the adherent device and the skin. The difficulty of maintaining a secure bond to the subject's skin may be further exacerbated as it becomes desirable to add new features and capabilities to a device such as adherent device 100. For example, in order to extend the working life of adherent device 100 or to provide sophisticated features, it may be desirable to include a battery having considerable weight, and additional electronics or packaging as compared with previous designs. The combined weight of the battery and electronics may be as much as 60 grams or more, such that jostling of the unit may impart significant inertial loads on the bond with the sub-

ject's skin. In addition, the position of the adherent device may affect the durability of the adhesive bond with the subject's skin. For example, especially useful electrocardiogram readings may be obtained by a device placed between a patient's left clavicle and left nipple. However, this area is also prone to stretching, and may present a difficult site for long-term adhesion. Even if an alternative site is used, for example along the patient's rib line, enhanced adhesion durability is desirable.

In addition to the medical setting described above, 10 embodiments of the present invention may also be used in non-medical settings, and on subjects other than human medical patients. For example, an adherent device according to embodiments of the invention may be used to monitor the heart rate or other data of an athlete during exercise. In 15 another setting, an adherent device according to embodiments of the invention may be used to monitor an animal for agricultural research, veterinary medical testing or treatment, or other purposes. For the purposes of this disclosure, a subject is any human or animal to which an adherent 20 device according to embodiments of the invention may be adhered, for any purpose. While certain example uses of adherent devices are described herein in relation to monitoring or treatment of a medical patient, the appended claims are not so limited. Whatever the setting or subject, embodi- 25 ments of the present invention provide improved durability of the adhesive bond between the adherent device and the subject's skin, as compared with prior adherent devices.

FIG. 2A shows a partial exploded perspective view of adherent device 100 as in FIG. 1, in accordance with 30 embodiments of the invention. Adherent device 100 comprises a support patch 201, which may further comprise a base layer 202 and a covering layer 203. Base layer 202 is stretchable, and has an upper side 204 and a lower side 205, and an adhesive coating on lower side **205** to adhere base 35 layer **202** to the skin of a subject. Covering layer **203** is also stretchable, and is positioned above and adhered to base layer 202. FIG. 2B illustrates an exploded view of support patch 201, according to embodiments of the invention. As is best seen in FIG. 2B, a flexible circuit 206 includes at least 40 two electrodes, for example electrodes 207A, 207B, 207C, and 207D that during use are in electrical contact with the skin of the subject. Flexible circuit **206** may also sometimes be called a flexible circuit support. Flexible circuit 206 electrically connects electrodes 207A, 207B, 207C, and 45 207D to a circuit carrier 208, which holds electronic components 209 configured to measure at least one physiologic signal of the subject. Electronic components 209 may include an antenna 210 so that adherent device 100 can communicate its readings for remote monitoring. Circuit 50 carrier 208 may be mechanically connected to and supported by base layer 202 by any suitable means, including those discussed in more detail below.

Adherent device 100 may further comprise a housing 211 that fits over electronic components 209, providing protection, insulation, and cushioning for electronic components 209. Housing 211 may further include features for holding a battery 212. Housing 211 may be made, for example of a soft silicone rubber. In other embodiments, housing 211 may comprise an encapsulant over electronic components 209 and circuit carrier 208. Housing 211 may provide protection of electronic components 209 from moisture.

Adherent device 100 may also comprise a cover 213 adhered to support patch 201. Cover 213 may comprise any known biocompatible cover, casing and/or housing materials, such as elastomers, for example silicone. The elastomer may be fenestrated to improve breathability. In some

10

embodiments, cover 213 may comprise other breathable materials, for example a cloth including polyester, polyamide, nylon and/or elastane (SpandexTM). The breathable fabric may be coated or otherwise configured to make it water resistant, waterproof, for example to aid in wicking moisture away from the patch, or to inhibit liquids from reaching electronic components 209.

While adherent device 100 is shown as generally oblong and having a length of about two to three times its width, this is not a requirement. One of skill in the art will recognize that other shapes are possible for an adherent device according to embodiments of the invention. For example, support patch 201 could be round, elliptical or oblong with a length only slightly larger than its width, square, rectangular, or some other shape. And while electrodes 207A, 207B, 207C, and 207D are illustrated as being arranged linearly, this is also not a requirement. One of skill in the art will recognize that electrodes 207A, 207B, 207C, and 207D could be arranged in any pattern suitable for the intended use of adherent device 100, including in a circular, oblong, square, rectangular, or other pattern.

Referring again to FIG. 2B, base layer 202 includes at least two openings, in this case four openings 215A, 215B, 215C, and 215D, each corresponding to one of electrodes 207A, 207B, 207C, and 207D. Each opening is of a certain size. Gels 214A, 214B, 214C, and 214D are placed at the openings, between base layer 202 and covering layer 203. Each of gels 214A, 214B, 214C, and 214D comprises a hydrogel patch of electrically conductive gel material that enhances electrical conductivity between its respective electrode and the skin of the subject. For example, the gels 214A, 214B, 214C, and 214D may be made of hydrogel adhesive 9880 available from the 3M Company of St. Paul, Minn., USA, or another suitable material.

Each of gels 214A, 214B, 214C, and 214D is larger than its respective opening 215A, 215B, 215C, or 215D, such that when covering layer 203 and base layer 202 are adhered together, a pocket is formed over each of openings 215A, 215B, 215C, and 215D, with one of gels 214A, 214B, 214C, and 214D retained in each respective pocket.

Preferably, base layer 202, covering layer 203, or both are thin, flexible, and stretchable to stretch with the skin of the subject and conform to folds of the skin of the subject. For example, either or both of these layers may be made of MED 5021 polyurethane film available from Avery Dennison Corporation of Pasadena, Calif., USA, or TegadermTM film available from the 3M Company of St. Paul, Minn., USA. Other suitable materials may be used.

In some embodiments, support patch 201 may further include an overlayer 216 disposed above and adhered to covering layer 203. Overlayer 216 is also preferably thin, flexible, and stretchable. For example, overlayer 216 may be made of a woven fabric.

Referring again to FIG. 2A, gels 214A, 214B, 214C, and 214D are preferably placed under covering layer 203 (and overlayer 216, if present). Flexible circuit 206 may also be positioned under covering layer 203, as indicated by the broken line depiction of part of flexible circuit 206 in FIG. 2B. Gels 214A, 214B, 214C, and 214D may thus be retained in pockets between base layer 202 and covering layer 203.

Adherent device 100 may further comprise a stiffening structure such as stiffening structure 217 shown in FIG. 2A. In this example embodiment, stiffening structure 217 is configured to adhere to the top of cover 213, at an outer area 218 of cover 213. As assembled, stiffening structure 217 is then coupled to a common perimeter of the base and covering layers, so that the perimeter edges of the base and

covering layers are stiffened, for example to prevent curling or unintentional adhesion of the lower side 205 of base layer **202** to itself. Stiffening structure **217** may be made of a material that is stiffer than the materials used in base patch 201, but still compliant enough to allow base patch 201 to 5 conform to the subject's skin as the patch is adhered to the skin. For example, stiffening structure 217 may be made from a vinyl sheet. Stiffening structure 217 may also be configured to be removable after adherent device 100 is adhered to the subject's skin. For example, stiffening struc- 10 ture 217 may include an adhesive configured to hold stiffening structure 217 in place during application of adherent device 100 to the subject, but to release easily without dislodging adherent device 100 from the subject's skin. In this way, stiffening structure 217 may aid in achieving a 15 secure adhesion of adherent device 100 to the subject, but not interfere with the ability of support patch 201 to conform to wrinkles, folds, and other movements of the subject's skin while adherent device 100 is worn.

FIG. 2C shows a bottom view of support patch 201, with 20 bottom lower side 205 of base layer 202 visible. Also visible are openings 215A, 215B, 215C, and 215D, exposing portions of gels 214A, 214B, 214C, and 214D. Other portions of gels 214A, 214B, 214C, and 214D are behind base layer 202, in pockets formed between base layer 202 and covering 25 layer 203.

In some embodiments, flexible circuit 206 may be made of a flexible material such as polyimide, polyester, or another base material, having circuit traces formed in or on the base material. The circuit traces may be, for example, 30 made of copper, a copper alloy, silver ink, or another conductive material. In one preferred embodiment, flexible circuit 206 comprises a polyester base and traces formed of silver conductive ink. In some embodiments, flexible circuit 206 may be configured to be stretchable, as well as flexible. 35 Even if the material of the flexible circuit **206** is not inherently stretchable, the flexible circuit may be made effectively stretchable by properly configuring its geometric shape. For example, at least the portion of flexible circuit **206** in contact with support patch **201** may have a serpentine 40 shape that allows support patch 201 to stretch and conform itself to the skin of the subject to which adherent device 100 is adhered, without being unduly constrained by flexible circuit 206. A flexible circuit 206A having this characteristic is shown in FIG. 3. Other configurations may be used as 45 well. For example, flexible circuit 206A may have a sawtooth shape, or another shape that enables stretching of the flexible circuit 206A.

As was mentioned previously, circuit carrier 208 may have a compliant connection to base layer **202**. One exem- 50 plary kind of compliant connection is illustrated in FIG. 4. In this connection, bridging loops 401A, 401B, 401C, and 401D connect from support patch 201 (which includes base layer 202) to circuit carrier 208. Loops 401A, 401B, 401C, and 401D may be made, for example, of a plastic reinforced 55 paper, a plastic film, a fabric, metal, or any other suitable material. Preferably, loops 401A, 401B, 401C, and 401D permit relatively free rotation of circuit carrier 208 about the X and Y axes illustrated in FIG. 4, but constrain the rotation of circuit carrier 208 about the Z axis. Because each of loops 60 **401A**, **401B**, **401C**, and **401D** connects to support patch **201** at an inner portion 402 rather than at an outer portion 403 of support patch 201, loads imparted to support patch 201 tend not to disturb the vulnerable perimeter of support patch 201, where detachment from the subject's skin is especially likely 65 to start. More detail about compliant connections between circuit carrier 208 and base layer 202 may be found in

12

copending provisional U.S. patent application 61/241,713, filed Sep. 11, 2009 and titled "Electronics Integration in Adherent Patch for Physiologic Monitoring", the entire disclosure of which is hereby incorporated by reference for all purposes.

In some embodiments, base layer 202, covering layer 203, or their combination may be breathable. For example, the combination of base layer 202 and covering layer 203 may have a moisture vapor transmission rate of at least 100 g/m²/day.

FIG. 5 illustrates an exploded view of an adherent device 500 in accordance with additional embodiments of the invention. Adherent device 500 includes several components similar to those in adherent device 100, and similar components are given the same reference numbers in FIG. 5. Adherent device 500 may include different combinations of layers than adherent device 100.

Adherent device 500 comprises a support patch 501 that includes a base layer 502. Base layer 502 has an upper side 504 and a lower side 505. Lower side 505 includes an adhesive coating. At least one electrode, in this example four electrodes 207A, 207B, 207C, and 207D are affixed to base layer 502 and connected to flexible circuit 206. Besides being flexible, flexible circuit 206 may also be configured to be stretchable, for example due to its geometric configuration. In some embodiments, a portion of flexible circuit 206 may have a serpentine or sawtooth shape. Circuit carrier 208 holds electronic components 209, which may include an antenna 210. Electronic components 209 are electrically connected to electrodes 207A, 207B, 207C, and 207D and are configured to measure at least one physiologic signal of a subject to which adherent device 500 is adhered.

A stiffening structure 217 may be disposed over and coupled, directly or indirectly, to a perimeter area of base layer 502, to stiffen the perimeter edge of base layer 502. In some embodiments, a cover 213 is disposed over circuit carrier 208 and coupled at a perimeter 218 to base layer 502. In that case, stiffening structure 217 is disposed over and coupled to cover 213, and is therefore indirectly coupled to base layer 502. Cover 213 is preferably soft and flexible, and may be made of a material configured to inhibit liquids from reaching electronic components 209.

Similarly, in some embodiments, an overlayer 503 may be disposed above and adhered to base layer **502**. Overlayer 503 is preferably thin, flexible, and stretchable, and may be made of a woven cloth or another suitable material. When overlayer 503 is present, stiffening structure 217 is also disposed over and coupled to the perimeter of overlayer 503, and stiffens at least the perimeter edges of the base layer and overlayer. All of the layers of a support patch such as support patch 501 or support patch 201 may be coextensive, having their edges aligned as was shown in FIG. 2C. Alternatively, one or more layers in a support patch may not be coextensive with the others. For example, overlayer 503 is slightly smaller than base layer 502, so that the edges of base layer **502** extend beyond the edges of overlayer **503**. This arrangement may further reduce the stresses on the edge of base layer 502, thus promoting long adhesion to the subject to which adherent device 500 is adhered. This arrangement may be used in any of the embodiments described herein.

Adherent device 500 may comprise one or more gel patches 214A, 214B, 214C, and 214D, one gel disposed under each of electrodes 207A, 207B, 207C, and 207D. Gel patches 214A, 214B, 214C, and 214D enhance electrical conductivity between electrodes 207A, 207B, 207C, and 207D and the skin of a subject to which adherent device 500 is adhered.

In some embodiments, lower side 505 of base layer 502 is configured to adhere to the skin of a subject. In that configuration, gel patches 214A, 214B, 214C, and 214D are captured between base layer 502 and the subject's skin. Optionally, an underlayer 506 may be provided, adhered to 5 lower side 505 of base layer 504, and configured to adhere to the skin of a subject. Preferably, underlayer **506** is also thin, flexible, and stretchable. For example, base layer 202, underlayer 506, or both may be made of MED 5021 polyurethane film available from Avery Dennison Corporation of 10 Pasadena, Calif., USA, or TegadermTM film available from the 3M Company of St. Paul, Minn., USA. Other suitable materials may be used. Underlayer 506 may comprise openings 215A, 215B, 215C, and 215D, and may capture gels **214**A, **214**B, **214**C, and **214**D in pockets formed between 15 base layer 502 and underlayer 506.

As in adherent device 100, adherent device 500 may include a compliant connection between circuit carrier 208 and base layer 502, for example a compliant connection as shown in FIG. 4 and described previously.

FIG. 6 illustrates an exploded oblique view of an adherent device 600 in accordance with additional embodiments of the present invention. In this embodiment, a support patch 601 may be configured to adhere to a subject's skin, and may be a support patch as in any of the embodiments described 25 above. Support patch 601 may include a base layer, a covering layer, an overlayer, an underlayer, or any workable combination of these. Support patch 601 may include one or more electrodes (not visible in FIG. 6) electrically connected to a flexible circuit 206. A label 610 may be affixed to 30 support patch 601. A circuit carrier 208 holds various electronic components 209, which may include a processor, memory, wireless communication circuitry, an antenna 210, and other electronic components. Adherent device 600 may also include a temperature or heat flux sensor **602**. Bridging 35 loops 603A, 603B, 603C (and a fourth bridging loop not visible in FIG. 3B) are affixed to support patch 201 and to circuit carrier 208, and form a compliant structure that compliantly restrains motion of circuit carrier 208 with respect to support patch 601 in some degrees of freedom 40 more stiffly than in other degrees of freedom. A housing 604 and protector 605 may insulate, cushion, or otherwise protect circuit carrier 208. The adherent device may further comprise a battery 606 or other energy source, a battery cover 607, a cover 608, and a display 609.

While exemplary embodiments have been described in some detail, by way of example and for clarity of understanding, those of skill in the art will recognize that a variety of modifications, adaptations, and changes may be employed. Hence, the scope of the present invention should 50 of the subject. be limited solely by the appended claims.

3. The adhermal and each of the present invention should 50 of the subject.

4. The adhermal and each of the present invention should 50 of the subject.

What is claimed is:

1. An adherent device to adhere to a skin of a subject, comprising: a stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side 55 to adhere the base layer to the skin of the subject, the base layer having at least two openings extending therethrough, each of the at least two openings having a size; a stretchable covering layer positioned above and adhered to the base layer with an adhesive to define at least two pockets, 60 wherein the stretchable covering layer is thin, flexible, and configured to stretch with the skin of the subject; at least two gels, wherein each gel is positioned within one of the corresponding pockets, each gel having a size larger than the size of the at least two openings to retain said gel substantially within said corresponding pocket; a flexible circuit that includes at least two electrodes in contact with the at least

14

two gels, the flexible circuit including a first portion located on the upper side of the stretchable base layer and a second portion that extends away from the first portion and through an opening in the stretchable covering layer; a circuit carrier positioned above the stretchable covering layer and supported with the stretchable base layer to measure at least one physiologic signal of the subject, wherein the circuit carrier is connected to the at least two electrodes via the second portion extending through an opening in the stretchable covering layer; and a compliant connection that includes a plurality of bridging loops formed between the upper side of the stretchable base layer and the circuit carrier that permits at least some movement of the circuit carrier in a plane parallel to the stretchable base layer.

- 2. An adherent device to monitor a subject having a skin, comprising: a stretchable base layer having an upper side and a lower side and an adhesive coating disposed on the lower side to adhere the base layer to the skin of the subject, 20 the base layer having at least two openings extending therethrough, each opening having a size; a flexible circuit having at least two electrodes disposed thereon, each electrode positioned with a respective one of the at least two openings to couple to the skin of the subject the flexible circuit including a first portion located adjacent to the upper side of the stretchable base layer and a second portion that extends away from the stretchable base layer through an opening in a stretchable covering layer; at least two gels positioned with the at least two openings in the base layer, each gel having a size larger than the size of said each opening; the stretchable covering layer positioned above the at least two gels and adhered to the base layer, such that each gel is constrained substantially within a corresponding pocket disposed between the base layer and the covering layer, wherein the stretchable covering layer is thin, flexible, and configured to stretch with the skin of the subject; a circuit carrier positioned above the stretchable covering layer and holding electronic components electrically connected to the at least one electrode via the second portion of with the flexible circuit to measure at least one physiologic signal of the subject; and a compliant connection that includes a plurality of bridging loops formed between an upper side the stretchable base layer and the circuit carrier that permits at least some movement of the circuit carrier in 45 a plane parallel to the stretchable base layer.
 - 3. The adherent device of claim 2 wherein each of the gels and each of the pockets is sized larger than a corresponding opening of the stretchable base layer to retain said gel in said pocket when the stretchable base layer is adhered to the skin of the subject
 - 4. The adherent device of claim 2 wherein the stretchable base layer comprises a thin, flexible, stretchable base layer to stretch with the skin of the subject and conform to folds of the skin of the subject, and wherein the stretchable covering layer is configured to conform to folds of the skin of the subject.
 - 5. The adherent device of claim 2, further comprising a thin, flexible, stretchable overlayer disposed above and adhered to the covering layer.
 - 6. The adherent device of claim 2, wherein the first portion of the flexible circuit is formed of a substantially non-stretchable material, and has a serpentine, sawtooth, or other shape that geometrically configures the flexible circuit to be stretchable along a length of the adherent device.
 - 7. The adherent device of claim 2, wherein the first portion of the flexible circuit is disposed between the base layer and the covering layer.

- 8. An adherent device, comprising:
- a thin, flexible, stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere to the skin of a subject;
- at least one electrode affixed to the base layer and capable of electrically coupling to the skin of the subject;
- a flexible circuit connected to the at least one electrode, wherein the flexible circuit includes a first portion located adjacent to the upper side of the stretchable base layer and a second portion that extends away from the first portion, wherein the second portion of the flexible circuit includes a loop shape to relieve strain when the stretchable base layer stretches with the skin of the subject;
- a circuit carrier holding electronic components electrically connected to the at least one electrode via the second portion of the flexible circuit and configured to measure at least one physiologic signal of the subject;
- a compliant connection that includes a plurality of loops 20 formed between the upper side of the stretchable base layer and the circuit carrier that permits at least some movement of the circuit carrier in a plane parallel to the stretchable base layer, wherein the second portion of the flexible circuit extends around an outer circumfer- 25 ence of one of the plurality of loops; and
- a stiffening structure disposed above and coupled to a perimeter of the base layer and configured to stiffen the perimeter edge of the base layer, wherein the stiffening structure is removable.
- 9. The adherent device of claim 8, further comprising a thin, flexible, stretchable overlayer disposed above and adhered to the base layer, the stiffening structure disposed over and coupled to a common perimeter of the base layer and overlayer and configured to stiffen the perimeter edge of 35 the base layer and overlayer.
- 10. The adherent device of claim 8, further comprising a gel patch under each electrode, wherein each gel patch enhances electrical conductivity between its respective electrode and the skin of the subject.
- 11. The adherent device of claim 8, wherein the flexible circuit is configured to be stretchable.
 - 12. An adherent device, comprising:
 - a thin, flexible, stretchable base layer having an upper side and a lower side and an adhesive coating on the lower 45 side configured to adhere to a skin of a subject;
 - at least one electrode affixed to the base layer and capable of electrically coupling to the skin of a subject;
 - a flexible circuit having a first portion located on the upper side of the stretchable base layer that is connected to the 50 at least one electrode and a second portion that extends away from the stretchable base layer, wherein the first portion of the flexible circuit is formed of a substantially non-stretchable material, and has a serpentine, sawtooth, or other shape that geometrically configures 55 the flexible circuit to be stretchable along a length of the adherent device, and wherein the second portion includes a loop shape to relieve strain when the stretchable base layer stretches with the skin of the subject;
 - a circuit carrier positioned above and coupled to the 60 flexible circuit, the circuit carrier holding electronic components electrically connected to the at least one electrode via the second portion of the flexible circuit flexible circuit and configured to measure at least one physiologic signal of the subject; and
 - a compliant connection formed between the stretchable base layer and the circuit carrier that permits at least

16

some movement of the circuit carrier in a plane parallel to the stretchable base layer.

- 13. The adherent device of claim 12, further comprising a gel patch under each electrode, wherein each gel patch enhances electrical conductivity between its respective electrode and the skin of the subject.
- 14. The adherent device of claim 12, further comprising a thin, flexible, stretchable overlayer disposed above and adhered to the base layer.
- 15. An adherent device to monitor a subject having a skin, comprising:
 - a stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere the base layer to the skin of a subject, the base layer having at least two openings extending therethrough, each of the at least two openings having a size;
 - a stretchable covering layer positioned above and adhered to the base layer with an adhesive to define at least two pockets, wherein the stretchable covering layer is thin, flexible, and configured to stretch with the skin of the subject;
 - a flexible circuit comprising a first portion and a second portion, the first portion of the flexible circuit adhered between the stretchable base layer and the stretchable covering layer, the second portion having a loop shape that extends away from the first portion through an opening in the stretchable covering layer, wherein the first portion of the flexible circuit is formed of a substantially non-stretchable material, and has a serpentine, sawtooth, or other shape that geometrically configures the flexible circuit to be stretchable along a length of the adherent device;
 - at least two electrodes in contact with the first portion of the flexible circuit;
 - at least two gels, wherein each gel and each electrode are positioned within a corresponding pocket, each gel having a size larger than the size of the respective opening to retain said gel substantially within said pocket between the base layer and the covering layer; and
 - a circuit carrier positioned above the stretchable covering layer and supported with the stretchable base layer, the circuit carrier holding electronic components electrically connected to the at least two electrodes with the second portion of the flexible circuit to relieve strain when the stretchable base layer stretches with the skin of the subject, the electronic components configured to measure at least one physiologic signal of the subject.
- **16**. An adherent device to adhere to a skin of a subject, comprising:
 - means for adhering to a skin of a subject, the means for adhering comprising a stretchable base layer having an upper side and a lower side and an adhesive coating on the lower side to adhere the base layer to the skin of a subject, the base layer having at least two openings extending therethrough, each of the at least two openings having a size, and the means for adhering further comprising a stretchable covering layer positioned above and adhered to the base layer with an adhesive to define at least two pockets, wherein the stretchable covering layer is thin, flexible, and configured to stretch with the skin of the subject;
 - a flexible circuit coupled to the means for adhering, the flexible circuit carrying at least two electrodes disposed on the flexible circuit and positioned to couple to the subject's skin, wherein the flexible circuit further includes a first portion located adjacent to the upper

side of the stretchable base layer and a second portion that extends away from the flexible circuit and through an opening in the stretchable covering layer; and eans for enhancing electrical conductivity between the

means for enhancing electrical conductivity between the electrodes and the subject's skin,

- a circuit carrier positioned above the stretchable covering layer and coupled to the at least two electrodes via the second portion of the flexible circuit, the circuit carrier holding circuitry to measure at least one physiologic signal of the subject; and
- a compliant connection that includes a plurality of loops formed between the stretchable base layer and the circuit carrier that permits at least some movement of the circuit carrier in a plane parallel to the stretchable base layer.
- 17. The adherent device of claim 1, wherein the base layer, the adhesive coating, and the covering layer are coextensive.
- 18. The adherent device of claim 2, wherein the base layer, the adhesive coating, and the covering layer are 20 coextensive.
- 19. The adherent device of claim 2, wherein the circuit carrier and the electronic components are comprised in a reusable electronics module.
- 20. The adherent device of claim 1, wherein the second 25 portion of the flexible circuit includes a loop shape that extends around an outer circumference of one of the plurality of bridging loops.
- 21. The adherent device of claim 20, wherein the plurality of bridging loops connect to an inner portion of the stretch- 30 able base layer to prevent loads from being transferred to a perimeter of the stretchable base layer.

* * * * *